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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 103.)

When upon the subject of the removal of foreign bodies from wounds inflicted by fire-arms, we dwelt at some length upon the importance of having properly constructed forceps for the removal of leaden bullets, and illustrated our remarks by cuts of the ordinary forms, and a new modification by D. W. Kolbe. We have the pleasure of again bringing the subject before our readers, by giving them a drawing and description of a most simple but admirable instrument for the removal of leaden bullets, more especially the Minié-rifle ball, which is so destructive to life in modern warfare. This instrument is the invention of an ingenious Surgeon of this city, Dr. Richard J. Levis, to whom the profession are indebted for several other valuable improvements in surgical appliances.

It consists of a steel tube ten inches long, with a hook-shaped projection at one end, terminating in a sharp point, which presents back toward the tube. Within the tube slides a steel rod sharply pointed at one end, and having a button-shaped handle at the other. When the end of the instrument can be made to touch the bullet, any convex or projecting surface on it may be seized and firmly held between the points, which are pressed into the lead. If the instrument should be withdrawn without the bullet, the point on the sliding rod should first be pushed in contact with the other point, thus effectually guarding the hook from catching in the tissues. The instrument, which is represented reduced in size in the cut, occupies but little more space than the ordinary bullet probe, and may be used for that purpose. It can be more readily introduced in the track of a projectile than the bullet forceps, and in security of hold on the bullet, it exceeds any contrivance which has been heretofore presented.

Concussion of the Brain.

Dupuytren was the first to draw attention to the circumstance that contusion of the brain might be produced without injury to the bony covering, and attributed the possibility of its occurrence to the elasticity of theskull. He was borne out by Von Walther, who said that every concussion of the brain was combined with some contusion of that organ.

Dr. Stromeyer goes a step further, and thinks that concussion of the brain is in fact *nothing else but contusion of that organ*, which, in its momentary compression, may have suffered many and different injuries in its substance.

We should also remember, for our encouragement, the valuable observations of M. Quesnay. The brain is formed of such delicate substance, and its functions are generally so important to life, that it would seem as if the smallest shock, or the slightest wound, would cause irreparable injury, and attack life at its fountain-head. We have, however, numberless observations serving to dispel this groundless fear, from which we learn that wounds of

this organ, especially those of the cortical and medullary substances, heal almost as readily as wounds of most other viscera.

Concussion of the Brain is divided into two forms—

1st. *Simple form*, where an interruption only of the functions of the organ follows the injury.

2d. The complicated form, where the brain itself is injured, and associated with extravasation of blood either upon or within its structure.

Treatment under the head of "simple concussion"—Rest, application of cold to the head, warmth to the feet, and, in some few instances, the administration of a mild purgative. Symptoms—Loss of consciousness, more or less perfect; also, loss of motion. If the patient is seen at this time the skin will be found cold, and the features more or less contracted, the pulse low and intermittent, pupils very variable, in some cases dilated, in others contracted, and in a third class one will be dilated and the other contracted.

In fifty-six examples of this description, in eight of which scalp wound existed, by the above treatment, perfect recovery ensued.

CONCUSSION OF THE BRAIN, COMPLICATED WITH SOME LESION OF ITS STRUCTURE, OR EXTRAVASATION OF BLOOD.

In these cases there will be found some extravasation of blood either upon its surface or within the membranes, or within the meshes of the pia mater, and if the latter, some ecchymosis of the cerebral convolutions will generally be present.

As inflammation soon shows itself after such severe complication, the rule of practice is to push the antiphlogistic treatment to the utmost; to employ mercury with great freedom, both internally and externally, and also counter irritation. Mr. Andrew Ellis, of Dublin, orders the head to be shaved, and the following lotion to be applied to the swelling, if ice cannot be had.

℞.—Muriatis Ammoniæ, - - ʒij.
Aceti Destillati, - - - fʒij.
Aquæ Destillatæ, - - fʒxix. M.
ft. lotio more dicto applicanda.

Giving internally calomel and pulvis antimonialis.

FRACTURE OF THE SKULL.

A bloody tumor of the scalp is liable to be mistaken by young surgeons for a depressed fracture of the skull, more especially if it should be attended with general symptoms as indicate injury of the brain.

The symptom which a bloody tumor may have in common with a depressed fracture, is the yielding spot in the centre of the tumor, while it is circumscribed by a firm margin. In order to ascertain, as far as possible, the precise nature of a doubtful case, the surgeon should pass his finger for some distance over the tumefied part, and if it were merely an extravasation of blood, the finger would, in the first instance, rise over the elevated margin of the swelling, and then sink into a little well in the centre. If strong pressure be now made with the finger, the bone may be felt beneath, and no convulsive twichings of the muscles, or other symptoms indicative of compression of the brain excited; whereas, if the case were a depressed fracture only, the finger would not rise above the natural level of the scalp, previous to its sinking into the cavity caused by the depressed state of the bone. In the latter case pressure with the finger would, in all probability, produce symptoms of compression, or increase those which may have previously existed. In such cases we have almost always

COMPRESSION OF THE BRAIN.

The brain may be compressed by a fractured bone, foreign bodies, extravasated blood, pus, or serum. I have just informed you of the best way of distinguishing between a bloody tumor of the scalp and a depressed fracture unattended by a wound, and although you may not be able fully to satisfy yourself as to the exact nature of the case, you should not cut down to the bone. It is true that the surgeons of former years, if they found a fracture, no matter how simple, would not rest satisfied without cutting down to the bone, but they would even proceed to trepan the patient, being under the impression that it was necessary to do it in order to *prevent* the occurring bad symptoms. This was the advice of Pott.

In cases of fracture with obvious depression of the bone, but unattended with a wound or bad constitutional symptoms, the rule of practice at the present day is not to cut down through the scalp, but to treat the patient antiphlogistically on prophylactic principles.

If there is, however, any foreign body in the wound, or the bone be depressed, it should be elevated, and the foreign body removed.

In regard to the operation of trephining, which I stated was, in olden times, resorted to,

alas, too often, the following admirable rules are laid down by Ellis, of Dublin, in his Clinical Surgery:

"First. The operation being in itself dangerous and liable to cause death, should never be performed except, when, after mature consideration of the case, you have arrived at the conclusion, in your own mind, that it cannot render the patient's condition worse than it was before, and that, on the contrary, there is reason to suppose it is calculated to improve it.

"Secondly. In a case of compound fracture, with depression of the bone and bad constitutional symptoms, the operation ought to be performed with as little delay as possible.

"Thirdly. In a case of compound fracture with depressed bone, and a foreign body, although the constitutional symptoms may not be urgent, the operation ought to be performed; for, in such a case, the unnatural state of the parts must necessarily give rise to inflammation, which may prove fatal; or, if it do not, the probability is, that the patient will be subject to epilepsy, or some other disease of the brain, which will tend to shorten life."

Thomas Bryant, Lecturer upon Operative Surgery, at Guy's Hospital, has the following observations, published in 1860, upon the use of the trephine and other means of relieving compression of the brain, the result of a fall upon a sharp object, or a quick blow from a pointed one, that such symptoms, as a rule, are produced by local causes, such as depressed bone or extravasation of blood from rupture of the middle meningeal artery.

That such *local injuries*, when giving rise to general symptoms, should be treated by elevation of the bone, if depressed, but if no general symptoms are present, unless the bone is comminuted, and can be easily removed, no operation is indicated; a local pressing of the brain alone, unaccompanied with symptoms, generally doing well.

That when compression of the brain follows as a secondary result of *a local injury* over the course of the meningeal artery, that is, after an interval of time, when reaction has been established, although no depressed bone may be present, it is probably produced by a rupture of one of the arterial branches; the operation of trephining may be performed with a chance of success, although it is rare to find a very local extravasation, the blood generally passing downwards towards the base, where the operator cannot reach. That when *compression of the brain* follows as a secondary result, *a general injury*—although that compression is evidently produced by extravasation of the blood—the operation of trephining is useless if not injurious.

"Extravasations within the skull, which are so important in civil practice, are of little importance in gunshot wounds of the skull. Those who know the symptoms of gunshot wounds with depression, will never be liable to confound their immediate symptoms, or their symptoms at the period of congestion, with those of traumatic extravasation. The diagnosis of these two conditions is well established by Dr. Stromeyer*, as well as the differential diagnosis of concussion from pressure on the brain. In the former, the symptoms are paleness of the face, a thin, weak pulse, quiet respiration, contracted or not materially altered pupils, and gradual decrease of the symptoms, which showed the highest intensity directly after the infliction of the injury. Pressure on the brain is accompanied by a flushed face, a full, slow pulse, snoring respiration, enlarged pupils, gradual increase of symptoms and paralysis of the body on the opposite side to that on which the head has been injured. Dr. Stromeyer has not observed a single case of gun-shot wound of the head in which he had been induced to attribute the symptoms to internal hemorrhage. Dr. Beck relates an interesting case of an officer, who died on the fifth day after having received the wound. He felt well enough to dine with his friends, and to write letters the night before the morning on which he suddenly died. Besides the gun-shot fracture of the occiput, the post-mortem examination revealed the presence of a large effusion of blood into the cavity of the skull.

"The chapter On Congestive and Inflammatory Reaction of the Head contains censures on the present state of therapeutics and the do-nothingism of our days. *Osteitis cranii traumatica* is anatomically well illustrated. The double direction which, under some circumstances, the motion of the blood takes in the veins of the diploë, is exemplified by the remarkable encysted hemorrhagic effusion of the skull described by Hecker, Dufour, and Stromeyer, which are produced by mechanical separation of the pericranium from the skull; the pouch being filled with blood from one of the large sinuses by means of one or more of the emissaria Santorini. These hemorrhagic cysts (*Varix traumaticus*, Bruns) become distended by blood on any congestion of the brain taking place, and empty their contents into the sinuses as soon as the cause of congestion subsides. They represent, on a large scale, the physiological process by which blood is drained from the external part of the head by the sinuses of the dura mater.

A case, where a girl of sixteen lost her whole

* Principles of Military Surgery. Translated by J. L. W. Thudichum, Hanover 1855.

scalp in a mill, and escaped with her life, is related as a proof that the skull may be deprived of most of its blood vessels without permanent damage. Hemorrhages from the diploë during trephining, as observed by Dupuytren, Hecker, and others, are explained by the compression which the congested and expanded brain exerts upon its venous sinuses. The question is put to pathologists, What relation does this arrangement of the circulation of the head bear to pyæmia, and what share has it in the production of that disease? The following case has a direct bearing on the question of pyæmia from wounds and diseases of the head, and shows moreover how much caution must be exercised before believing a pathological fact to be complete:

"In 1850, at Rendsburgh, Dr. Stromeyer was present at the post-mortem examination of a man who was said to have died from intropulsion of erysipelas of the head. He had suffered from erythema of the right side of the face, which had disappeared after twenty-four hours. The man had fallen into a soporous state, and died on the fourth day. Nothing worth noticing was found inside the skull. On opening the chest numerous pyæmic lobular abscesses were discovered in the lungs. Dr. Stromeyer now inquired whether the man had not had some small wound, and was informed, that before he entered the hospital he had a small boil just above the right eyebrow, which had been squeezed open by the surgeon of the regiment. Upon that the erythema set in, which caused him to be sent to the hospital. Though the seat of the small furuncle was not any longer clearly perceptible, yet Dr. Stromeyer caused the vein in the neighborhood of the spot to be laid free, and found it filled with pus up to where it entered the facial vein. From this insignificant place, therefore, the blood had been impregnated with pus. The short distance which the pus had to traverse in this case, in order to make its way into the right side of the heart, explains to some extent the rapid progress of the case."

Dr. Stromeyer afterwards saw at Kiel two similar cases of fatal boils of the upper lip. Professor Weber has collected seven cases of this kind, inclusive of Dr. Stromeyer's cases, which occurred at Kiel or in its neighborhood.

From all this, and from the fact that death always ensues under cerebral symptoms, it is likely that pyæmia occurring in patients with gun-shot wounds of the head, is the result of the entrance of pus through the large venous canals in the interior of the head.

Reaction of the Brain and its Membranes.—The direct consequence of any lesion of the brain or skull is a tendency to pyæmia, which easily passes into inflammation and its terminations. The inflammation following wounds of the head may be of two kinds,—acute (primary) or chronic (secondary); the former developing itself out of the hyperæmia, which follows the lesions directly; the latter showing itself at a later period, even after weeks or months of apparently perfect good health. Primary encephalitis, with its congestive erethic, and paralytic states, the author describes in a practical manner. The post-mortem appearances are given; and of these we mention, as a remarkable feature, the fibrinous concretions in the sinuses and the veins of the cerebral membranes, into which they may be traced and followed for several inches. In secondary inflammation of the brain, the concretions are most frequently met with in the longitudinal sinus. They are, it seems, a natural sequel of acute encephalitis, and are formed of necessity whenever swelling of the brain compresses the superficial veins, if at the same time hyperinosis renders the blood more liable to coagulation. Coma and paralytic symptoms denote the formation of these concretions.

The modifications of inflammation of the brain by complications—such as concussion, internal hemorrhage, or depression—are made subjects of serious inquiry. On correct views regarding these points will depend the solution of the question, whether trephining should be resorted to or condemned.

The author gives a description of the transformations which the injured substance of the brain may undergo. The following is a brief summary of the intra-cranial lesions adverted to:

1. If the dura mater be injured, no further symptoms may arise. In this case the compressed part of the brain fills again with blood, after removal of the pressure, as Guthrie observed after extraction of depressed fragments or removal of extravasated blood.

2. The patient dies, and the substance of the brain is found, underneath the injured spot, in a state of red softening.

3. The dura mater is injured, and the contused brain comes into contact with the air. This case generally has a fatal issue, as was observed by Smucker. Dr. Stromeyer relates an illustrative case. The patient died of gangrene of the contused part of the brain, because the line of demarcation failed to be formed. This demarcation must be a double one; firstly in the brain itself, and, secondly, on the surface of the brain, so that a cohesion of this organ with the dura mater may take place, in order to protect the so-called sac of the dura mater against the admission of pus and ichor. Most patients die from the difficulties which stand in the way of the accomplishment of this process.

4. The dura mater has been disintegrated by the original injury, or has been cut into intentionally after trephining, or has been destroyed in the circumference of the wound by gangrene or ulceration. The case of a soldier is related, who was shot in the left part of the frontal bone. A fortnight after the injury had been inflicted, the brain protruded from the two open-

ings in the frontal bone, in consequence, as was found, of an abscess, three inches long, in the left anterior lobe, which had caused this enormous expansion of the brain (fungus cerebri). This case illustrates, also, the next-mentioned transformation of the contused part of the brain.

5. An abscess is formed, with or without expansion.* Von Walther says, that these abscesses are sometimes of a size beyond all conception.

6. The contused part of the brain remains constantly under the compression of the depressed part of the skull. It was known centuries since, that depressions of the skull might be healed without producing severe symptoms, and without leaving paralysis or impairment of mental powers. These observations did not fail to make an impression upon unprejudiced observers; and accordingly we find at all times some surgeons, at least, opposing the use of the trepan, and relying upon the efforts of nature. Three hundred years ago, Lafranchi, of Milan, said, that in fractures of the skull everything depended upon the assistance of the Holy Ghost, which the surgeon should implore above all things; trephining he found rarely necessary. The healing by nature of depressions of the skull failed to make a lasting impression, because such cases were believed to be rare exceptions. Surgeons went on trephining till they found by experience that in large hospitals recovery after this operation is an exception. It is only within the last twenty or thirty years that a more rational system has been followed, and that the operation of trephining is daily being confined within narrower limits.

The question which now presents itself is, what advantages are offered in a case of compression of the brain by a treatment which leaves the depressed pieces of skull undisturbed in their place? The following may be enumerated: 1. The wounded part is not irritated by a renewed injury. 2. The early congestion of the contused part of the brain, and the formation of extravasations, are avoided. 3. The air does not obtain free entrance to the dura mater, to the sac of the arachnoid, or to the brain. The advantages of subcutaneous wounds are sufficiently known, and will be appreciated with regard to the skull and brain, as well as to other parts.

The author devotes several pages to the description of pyæmic inflammation following wounds of the head. Secondary encephalitis and ostitis engage the author to sume length. Typhus and delirium tremens wind up the pathology.

Treatment.—Three hundred years ago, Lafranchi established the same limitation of the indications for trephining, which a surgical genius of our days—Dieffenbach—derived a second time from his practice. These principles Dr. Stromeyer found to be correct from his own experience, regarding the fatality of the operation of trephining, and the recovery after considerable depression of the skull without that operation.

Dr. Stromeyer relates a series of cases, from his earliest surgical experience, in the year of the great comet (1811), to the present time. He records his experience during the seven years he devoted to the study of the profession. During three years out of these seven he attended the hospitals at Berlin, Vienna, London, and Paris, and yet he did not meet a single case in which the operation of trephining had been successfully resorted to, while many severe wounds of the skull came under his observation which recovered without any operation. Notwithstanding this, he adhered to the views taught by Dease and Astley Cooper, and supported by Brodie by the aid of statistics from the London hospitals, that in complicated fractures of the skull trephining must be resorted to, because of the threatening formation of pus. Further experience led the author to doubt the correctness of these views, principally because it became apparent to him that the air must exercise a deleterious influence upon a contused part of the brain, no matter whether it be admitted by trephining or by the simple removal of loose fragments of the skull. The latter operation had a very unfavorable issue in a case at Frieburg, in 1848, and in another on the field, in 1849. Cotemporaneously, Professor Langenbeck performed two similar operations at Flensburg, which shortly after terminated fatally.

After the battle of Kolding, in Schleswig (April 23d, 1849), there were eight gun-shot fractures of the skull, with depression, and more or less considerable brain symptoms, in the hospitals at Kolding, Christiansfelde, and Hadersleben. In all these cases, with only one exception, the detachment of the fragments was left to nature. The whole eight patients recovered perfectly. One patient, from whom some fragments were removed on the seventh day, was placed in considerable danger by this treatment. Dr. Stromeyer therefore resolved never to adopt it again. The treatment which brought these eight cases to a favorable issue was neither expectant nor operative, but simply antiphlogistic. Dr. Stromeyer recommended it to the younger surgeons, and had the pleasure of seeing that all depressed gun-shot fractures of the skull from small arms, no matter whether they injure the brain and dura mater or not, may be cured after this plan, without paralysis or interference with the other functions of the brain remaining, even when the state of sopor had lasted for weeks together. In 1850, after the storming of Friedrichstadt, in Schleswig, two young surgeons came under Dr. Stromeyer's care with gun-shot wounds of the head, accompanied by deep depression; they were both subjected to the non-operative treatment. In the first case, no venesection was required; in the second case

* Th. Fr. von Walther, System der Chirurgie, vol. ii, 1847, p. 58, § 93.

life was only preserved by a venesection. Both recovered perfectly. A third case, that of a fusileer, terminated fatally from encephalitis, the surgeon in attendance upon him shunning bloodletting.

From the two campains of 1849 and 1850, Dr. Sromeyer possesses the notes of forty-one gunshot fractures of the skull, with depression, in which there was no doubt about the existence of fracture of the skull, because it was denuded. It is, however, doubtful whether the brain or the dura mater were injured, because this can only be ascertained by the escape of cərebral matter from the wound, or by extracting fragments at an early period. Of these forty-one cases, seven terminated fatally, one from abscess of the liver, one from typhus, two from primary encephalitis througn neglect of antiphlogistic treatment, two from phlebitis encephalica, one from secondary encephalitis, in consequence of the patient visiting a public house. Thirty-four were cured, of whom one had been trephined by Dr. Ross, who afterwards described the case in the 'Deutsche Klinik.' This is the only case of trephining which gave a favorable result in all three compaigns. A soldier was wounded in the head at the storming of Friedrichstadt, and was transported by rail to Altona. He had been doing well for several days, when the acute encephalitis caused Dr. Ross to trephine him. A detached piece of the internal lumina was found under a slightly depressed part of the frontal bone. Notwithstanding the operation, seven venesections and sixty leeches were necessary to combat the continuing inflammation of the brain. It is to this energetic antiphlogistic treatment, and not to trephining, that Dr. Stromeyer attribntes the successful termination of the case. The highest number of venesections ever employed by Dr. Stromeyer in cases of gun-shot fracture, when trephining was not performed, was five; this occurred in a single case only, in 1849, when there was no ice to be had. Dr. Ross's case may serve to illustrate the disadvantages which trephining inflicts, even after healing of the wound. His patient, after being cured, was accidentally struck at the trephined place with the end of a whip-lash, or cord, which caused the reappearance of dangerous cerebral symptoms. Two cases in which the operation of trephining was resorted to unnecessarily by Dr. Beck and Dr. Ross, are severely criticised by Dr. Stromeyer, in which, we have no doubt, our readers will fully coincide.

Gun-shot wounds of the head should, in their recent state, be examined with great care by the aid of the finger or the probe alone. They must not at first be dilated, under any pretext whatever, whether for the sake of diagnosis or of prophylactic treatment.

The exclusion of air, the presence of which favors the decomposition of the secretions of the wound, is indicated in all cases. This is best accomplished by a piece of fine linen, when damp, adheres perfectly to the wound, and is to be removed at long intervals only. It is covered by some dry charpie, above which is placed a wet compress; a net made for the purpose fixes the whole dressing. Cold applications are made over the net. When these are discontinued the piece of linen next to the wound is moistened with oil. Every patient with a wound of the head must be watched. The best advice Sir Astley Cooper gives in his Lectures on Wounds of the Head. is to visit a patient suffering from concussion of the brain at least three times a day. In all cases of wounds of the head great care should be taken not to let the right period for venesection pass by. With regard to local treatment, the cautious extraction of perfectly loose fragments and foreign bodies stands foremost. The removal of impacted balls should not be attempted. No fault must be avoided more carefully than that of attempting the extraction of necrosed pieces of bone at too early a period, since it produces no harm whatever to leave them longer than is actually necessary. Small incisions of the wound for the purpose of extraction shsuld not be resorted to before the third week.

These principles are by no means new, nor is it necessary to turn to the declared adversaries of trephining in order to meet with them. Hennen, who in considerable depressions of the skull, trephined only when there were brain symptoms which did not at once yield to depletion of the vessels, says that it was not absolutely necessary to trephine for depressed fragments, though nobody would be hazardous enough to leave fragments which could easily be removed. He mentions the case of a man who, with a funnel-shaped depression one inch and a half deep, lived for thirteen years, and enjoyed a comfortable existence, provided he did not drink too much. Hennen had several specimens of that kind in his possession.

Space does not permit us to repeat the whole of the author's arguments. They necessarily lead to the conclusion that, if depressions of the skull do not in themselves indicate trephining, neither do they so even when, under the influence of reaction, unconsciousness and paralytic symptoms make their appearance. They only indicate those remedies which keep down the reaction, and trephining certainly cannot in the least be said to do this.

Dr. Stromeyer has, on principle, not trephined in two campaigns, and we have seen the results. After the exposition of his reasons, nobody, he hopes, will regard his disuse of trephine merely as an experiment, but will accept it as the necessary result of observation and of correction of preconceived opinions. The strongest corroboration of the author's views regarding the treatment of compound gun-shot fractures of the skull is, perhaps, the statement of Mr. Rose, of the Coldstream Guards, recorded by Sir George Ballingall:—

"On the 3d of August, 1809, six days after

the battle of Talavera, an order was given for all the wounded in hospital at the latter town, who could march, to leave it. Among those who undertook the march there were twelve or fourteen with wounds in the head, accompanied with injuries of the bone. At least four or five of these had both tables of the skull fractured, and two of them, along with fracture of the os frontis, had each the globe of one eye totally destroyed. In none of them had the trephine been applied, nor had any attempt been made to remove splinters of bone. After leaving Talavera they were exposed to very severe fatigue. Every evening, after the day's march, Mr. Rose collected the wounded around him, and examined and washed their wounds, dressing with care those that particularly required it. Cold water was the principal application employed. The retreat occupied sixteen days, in spite of which, and with no other treatment than that which has been described, every one of those which were wounded in the head recovered."

Nine Cases of Placenta Prævia, read before the Obstetric Society of Boston, Nov. 2d, 1861,

By William Read, M.D.,
Secretary of the Society.
[Communicated for the Medical and Surgical Reporter.]

PLACENTA PRÆVIA.

Case 1. Oct. 22, 1843, Mrs. H., P. P., complete occlusion of os uteri; plugging; consultation; interference refused; died undelivered.

Case 2. Oct. 13, 1852, Mrs. McM., primipara; æt. twenty-seven; seven months pregnant; taken with flooding after bringing up stairs a quantity of heavy wood; discharge sudden and profuse; a physician was called, who prescribed ergot; growing worse, I was sent for, but she was moribund, and died in a few minutes after I arrived, undelivered. The children, two boys, were delivered after she died, but they were both dead.

Case 3. Jan. 27, 1856, Mrs. H., aged twenty-two; second pregnancy; patient was delivered artificially at her first labor; first noticed flooding latter part of November, 1855; yielded to rest and anodynes. Returned December 28th. An examination was then made, but nothing definite could be determined as to the presence of the placenta at os uteri, though the case was diagnosed to be that. Slight attacks, at intervals of a few days followed, needing no treatment till January 26, 7, P. M., when labor set in with considerable flooding and dull pains. Os well dilated, but head did not advance very fast. A portion of the placenta was protruding into the vagina, over the post. lip of the os uteri.

January 27, 1½ A.M. Patient becoming so weak that a fatal issue was threatened, and no labor pains of any amount being present, Dr. Storer, Sr., was sent for in consultation. In the meantime the vagina had been plugged with sponge, wet in vinegar and water. Tincture ergot given, with free doses of brandy. There was great restlessness, retching, and disposition to sigh and faint, and much jactitation.

On Dr. Storer's arrival it was determined to turn and deliver, which was accordingly done. Right foot was seized without any trouble, and brought down. The labor was completed in a short time without any trouble, and the child, a boy, born alive. Mother recovered in the usual time, without any bad symptoms.

Case 4. April 22, 1858. Mrs. K., aged twenty-six; P. P., seven and a half months pregnant; was taken with flooding while sitting at work in the P. M. of date. She was seen immediately by her physician, who prescribed ½ gr. of opium every four hours, and ordered her to bed. Being called out of town, he left the case with me. In the course of the evening I was sent for. Os dilatable, but not dilated. Head presented with vertex to the left sacro-iliac syn. A bit of the placenta could be felt at the os, on the posterior lip. Anteriorly the cervix was very thin; so much so that the form of the head could be made out without any difficulty. Pains frequent, but not strong. The examination was not followed by any increase of the flooding. At 8 P. M., one hour later, the flowing had increased, as had the pains also. Patient said she felt somewhat faint, but not weak. Cervix was entirely obliterated. As the head came down the hemorrhage stopped, and the labor was finished without any need of artificial aid. An examination of the membranes showed that they were ruptured by the passage of the head about two inches from the edge of the placenta. The child, a girl, lived two or three days, and died of "trismus nascentium."

Case 5. September 14, 1859. Mrs. T——, aged twenty-seven; fourth pregnancy; seen in consultation with Dr. C. E. Buckingham; patient cannot reckon her time with any certainty. Last child born November 17, 1857; nursed it till middle of April, 1859; menstruated Jan. 18, 1859, Feb. 18th, March 18th, about an

hour, very slightly. From that time to second week in April took various medicines to produce abortion. In one day took one pint (℥ xvj.) of fluid extract cotton, not bark. This brought on severe flowing which continued through the night and next day. Returned occasionally through the whole month. Since then no return till September 8, when slight hemorrhage came on; continued through the 9th and 10th; returned on the 13th, at 5 A. M., with severe pain, and lasted till noon, when it stopped. At this attack patient thinks she lost two quarts of blood, very firmly coagulated. She kept up through the day, but at 7 P. M. was obliged to go to bed. No pain. Flowing steady, but not profuse. Os uteri at first rigid; began to be dilatable at 4 A. M., when version was performed by Dr. B. Child born alive—boy. Child died in five weeks from anæmia. Mother did well. Almost one-eighth of the os uteri ant. was covered by the placenta.

Case 6. June 7, 1860. Mrs. B., aged thirty-two; fifth pregnancy; thinks herself eight months pregnant; May 9th was taken with flooding in the night; ceased spontaneously. Three days afterwards it returned. Ceased in like manner after a free discharge of coagula. There was no pain in either of these attacks. Another return June 3d; I saw her the next morning, when it had diminished very much. Quiet was strictly enjoined, with directions to send upon the return of the flooding. It came on again about 7 o'clock, P. M., of the 6th, and continued more or less through the night. Saw her at 7½, A. M., 7th. Found her sighing and retching constantly; pulse very feeble, but regular; skin cold and covered with a clammy sweat; expression that of extreme exhaustion. Bed full of coagula. Gave her a drachm of tincture opii. in ℥ij. brandy, and proceeded to examine; vagina filled with coagula. Os uteri dilated, and placenta adherent all round. Repeated the laudanum and brandy, and delivered. No resistence to the introduction of the hand was experienced, but the edge of the placenta could not be readily reached, and it was thought best to go through its substance. Through the opening thus made, the feet were seized, and brought down. A smart pain came on and the child was born alive—boy. Placenta came away immediately. It was attached to the whole of the interior of the uterus, except about three inches in diameter at the fundus. After the delivery the pulse became somewhat irregular, but there was no impediment to her speedy recovery. She dates her conception October 4th, 1859, when her husband returned after an absence of many weeks, and when she had been about a fortnight over her menstruation. May not the cause of the placenta prævia in this case be found in this late conception; the ovum having been impregnated just as it was leaving the uterus, and arrested by this, at the os uteri, began to form the placenta there. This case is proof also, to a certain extent, in favor of the idea that in complete placenta prævia flooding does not come on so soon as in partial attachment of this organ over the os uteri. Duration of pregnancy from coitus 246 days—35 weeks, 1 day.

Case 7. Feb. 13, 1861. Mrs. C. Last menstruated June, 1859. First attack of flowing about a fortnight before date, but which ceased without any assistance. Yesterday (12th) it came on again, after a hard day's work at the ironing table. Her attending physician, Dr. J. P. Reynolds, was sent for at 4 A. M. The flooding was then very severe, and the placenta was adherent all round the os uteri. I was sent for, in consultation, but before I could reach the house, the hemorrhage increased so much, that it became necessary to deliver, which was done by version, without any difficulty, after the placenta had been detached and extracted. The child was a girl, and was still-born. The funis was thirteen inches only in length, very bulky, and gelatinous. The placenta was small. The mother did well.

Case 8. March 10, 1861. Mrs. M., æt. 35; third pregnancy; last menstruation, as patient thinks, last week in May, 1860. Has always been irregular; sometimes as often as once in two weeks. Had a slight attack of hemorrhage July 5th, 1860. February 16th, felt a good deal of pain, and thought she was in labor. Passed off in about twenty-four hours.

February 27th, began to flow at 7¾ A. M., accompanied with pain. As the pains became strong the hemorrhage ceased. I was sent for, and at 9½ A. M. made an examination per vaginam, which I found full of coagula. The cervix was soft, and not much shortened, but the exact nature of the case could not be decided, from the examination. Taken in connection with the quaggy feel of the cervix, the flooding appeared to indicate placenta prævia. From this time till March 10th, she suffered but little pain, although she had repeated attacks of

slight flowing as often as once in forty-eight hours.

This morning (10th) she was waked up at 2 o'clock, by flowing, accompanied with some pain. I saw her at 2½ A. M. She was flowing freely, but had no pain; os dilatable, and entirely covered by the placenta; strength very sensibly effected by the loss of blood. The condition of the os was favorable to delivery, and the absence of pain gave little hope that the labor could be completed naturally, I therefore decided to turn and deliver her, without waiting any longer. The fingers were introduced, one by one, into the os, and the placenta peeled off, to get at the membranes. This took place to the extent of four inches, before they could be reached, which they at last were in front, when they were perforated, the right foot seized, brought down, and firmly held. Just before the version was begun, a full dose of tr. ergot, in whiskey, was administered, which had the effect to bring on pains, although they were neither strong or forcing. Traction was kept up steadily, but, in consideration of the enfeebled state of the mother, no haste was used, and in about twenty minutes the child was born. Boy; dead. There were no pulsations in the cord from the time it was first felt, when the abdomen came out. Mother had a good, but not very rapid recovery.

Case 9. Oct. 31, 1861. Mrs. C., æt. 28; fourth pregnancy. Thinks she is at the end of her pregnancy. Has been flowing more or less for the last three months, with intervals of a few days. When first seen, began to feel the effect of the hemorrhage quite sensibly; was sighing and restless; vagina filled with coagula; placenta covering about two-thirds of the os uteri, on the upper left side; head presenting; pains good for nothing. The hemorrhage showing a tendency to increase, and the condition of the patient being as yet not essentially enfeebled, and nothing apparently to be gained by delay, I gave her ʒi. of tr. ergot in a glass of brandy and water, and proceeded to turn and deliver. The membranes were ruptured, the left foot seized and brought down, and the child was soon extracted, alive. Placenta came away immediately, the uterus contracted well, and the mother recovered in her usual time.

In the examination to ascertain the presentation, there was noticed a condition of the parts that often occurs in cases of placenta prævia, at least. The upper portion of the vagina seems swelled and distended, like a bladder, to such an extent that its walls can hardly be reached, while the os uteri is high out of touch, without introducing the whole hand, except the thumb, which I did in this instance.

Dr. R. Lee makes special notice of this mode of examination, and insists on it, under certain conditions, rather than that there should be any uncertainty as to the state of the os uteri. This case is also corroborative of the assumption, already referred to, that in partial presentation of the placenta, there is both earlier and more abundant hemorrhage, than in those cases where the occlusion of the os is complete.

Case of Rupture of the Bladder, treated by Abdominal Section.

By A. G. Walter, M.D.,
Of Pittsburgh, Pa.

John Bohland, 22 years of age, blacksmith by trade, of healthy constitution and strong muscular development, was kicked during a fight, on the lower part of the abdomen, on January 12, 1859. Immediately on receipt of the injury, he became weak and faintish, complaining of violent pain in the region of the bladder. Some hours later, being called on to see him, I found the following condition of the patient. The abdomen, without showing any marks of external violence was somewhat swollen and exquisitely tender to the touch, more particularly over the pubis, where the injury had been received. His pulse was quick and small, skin cool, respiration short and rapid, incessant were the painful calls at micturition with inability to discharge urine. There were vomituritions and vomiting, at first the contents of the stomach, afterwards a slimy bilious fluid was ejected. On the introduction of a catheter, some bloody urine was drawn off without any relief of the abdominal pains, or the constant urging calls to make water. These being the symptoms, no doubt was entertained that the bladder had been ruptured by the violent blow from the point of the foot, and that urine had extravasated in a large quantity into the abdominal cavity (the patient having been in the habit of retaining his urine for a long time, and in the present instance for more than six hours.) Three grains of opium were given at once, and one grain doses every half hour,

till relief of pain was obtained, along with stupes of warm chamomile tea to the abdomen, the abdominal walls being kept relaxed by supporting the lower limbs in a bent position. A gum elastic catheter was introduced into the bladder and retained, to which an elastic tube was attached, with a bottle for the reception of the urine. His thirst was quenched with pieces of ice, no fluids as drinks being permitted, for the purpose of giving rest to the bladder, by denying liquid materials to pass into it from the kidneys. Some hours later, no mitigation of the painful symptoms being produced, sickness, vomiting, thirst and distressing calls to urinate persisting, tenderness and pain increasing all over the abdomen with tympanitis, and no urine passing by the catheter,—there being no remedial agents in our possession for removing the extravasated urine in the abdominal cavity, without which recovery was out of question—the propriety of *opening the abdomen* pressed itself upon our mind with a hope of success not otherwise to be obtained. In consultation with some medical friends, the novelty of the proposed proceeding, with its probably hazardous consequences, did not find encouragement, and we were left to rest on our own responsibility in choosing a plan of treatment which at least offered a prospect of success, when otherwise the case was sure to end fatally. Advised of the imminent danger of the case, and its certainly destructive tendency, the patient willingly consented to have abdominal section made for the removal of the poisonous urine. Ten hours after the receipt of the injury, assisted by Dr. Guenste, chloroformisation having been induced, the abdomen was opened in the linea alba by an incision, beginning one inch below the umbilicus, and terminating about one inch above the pubes to the extent of six inches. The intestines were found inflated, their peritoneal coat, as well as that lining the interior of the abdominal walls alréady showing evident marks of congestion. A soft sponge then was cautiously introduced into the abdomen, with which the extravasated fluid, consisting of urine and blood, was carefully removed from the pelvis, and between the convolutions of the bowels, amounting to near a pint. While thus inspecting the abdominal cavity, a rent was found in the fundus of the bladder of two inches extent, through which the urine had escaped. The cavity of the abdomen being cleansed of the noxious agent, the wound of the bladder was left to itself, as no urine was seen to escape from it. The abdominal wound was closed by strong Carlsbad needles secured by silver wire (only skin and fascia being stitched, while the peritoneum was left untouched.) A flannel bandage encircled the whole abdomen. The patient awakening out of the anæsthetic sleep, felt relieved of pain and desire to urinate, so distressing before the operation. Vomiting did not return. Opium again in one grain doses every hour, was ordered. Abstinence of drink and perfect quietude of body, with retention of the catheter, were strictly insisted upon. He soon began to doze, had a comfortable night, was free of pain the next morning, complaining only of soreness in the abdomen, without tympanites, sickness, or calls to urinate, thirst less urgent. The treatment being vigorously continued, for drinks, iced barley water only in very small quantities, with pieces of ice being allowed, no unpleasant symptom followed, urine in small quantities, but free of the admixture of blood passing by the catheter. On the third day, the intervals between the doses of opium were lengthened to two hours, on the fifth to three, and thus gradually decreased, as all signs of inflammation had passed, the pulse though yet quick, having lost its wiry condition. At the expiration of a week, the abdominal wound appeared to be closed by first intention, the stitches however were not removed till a week later. The gum elastic catheter was replaced by a new one every two days, and was not withdrawn for two weeks after the injury had been received, and then only for a short time. At the expiration of two weeks, with the absence of all pain and tenderness, opium was omitted. The intestines were relieved by warm water injections on the tenth day, when mild nourishment was ordered. Between the second and third week the catheter was permanently withdrawn, and only introduced every four hours for the evacuation of the urine. After the third week, the patient left his bed, feeling restored to health, and drawing off his urine himself every four hours. He has remained well ever since, working at his trade, and feeling no impediment in his urinary organs.

Recovery from an injury of such a formidable character as rupture of the bladder with extravasation of urine into the abdominal cavity, has not, as far as we know, ever been obtained by the ordinary means of practice. The urine, composed of excrementitious matter, possesses

such noxious properties when coming in contact with living tissues, as not only to light up a high degree of inflammation, but to poison the blood and destroy its vitality.

Having succeeded by a practice, though *novel* in this particular instance, in rescuing a patient from certain death, we do not feel any hesitancy of urging it upon the attention of surgeons, as not only a legitimate, but imperative one, all other means hitherto proposed and practiced having been found of no avail. By the abdominal section, the extravasated urine being removed from the peritoneal cavity, the injury is reduced to a lesser grade of danger. Inflammatory action of the peritoneum alone has to be combatted, easily yielding to the prompt and energetic administration of anodynes, cautiously, yet unremittingly persevered in till every trace of phlogosis has passed away. Gastronomia, however, will fail of success if delayed till uræmia, with its fearful consequences, has taken place. To preserve a patient's life under these circumstances, it must be resorted to at once, as without it the efforts of nature and the resources of science are powerless in affording relief. Yet by forming an outlet for the extravasated urine through the abdominal parietes, by guarding the nervous system from feeling the shock of the primary injury, and the operation by the timely and energetic use of hypnotics, closure of both wounds will follow kindly, certainly, and speedily, even under otherwise unfavorable conditions of the patient. Novel, though, and hazardous as the treatment before detailed may appear, it is nevertheless justified by the dangerous consequences of the primary injury, and recommends itself strongly to the consideration of surgeons.

Safety in the use of Poisons for Animals.—M. Sevérin Caussé has, under direction of the French government, been devising a method of poisoning noxious animals, in which safety from accident can be insured. It is essential that the poison should not be used in a form by which it could be mistaken for food, and must be repugnant to human taste, but not to that of animals. The substance should be of an emetic character, so that, if accidentally swallowed, vomiting would be prodnced, and it should be a material which could readily be detected by chemical analysis.

The composition recommended for safety and efficiency, consists of tallow, 786 grains, tartar emetic, 153 grains, and euphorbium 51 grains. It does not produce emesis in the gnawing animals, as in rats and mice.

Illustrations of Hospital Practice.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. S. D. Gross.

October 30, 1861.

APOPLEXY OF THE EYE.

This was the case of a man, 37 years of age, who presented himself with an affection of the left eye, which came upon him suddenly, on Tuesday week, as he was stamping the baker's name upon crackers. He has been a police officer, and about one year ago got several blows over that eye. The pupil is insensible to light; sees better sideways than straight forward. There is here an extravasation of blood between the retina and the choroid membrane, producing what in another locality would be termed apoplexy. It is an apoplexy of the eye. The extravasation is not large, but sufficient to produce a bulging out of the choroid coat. There is no inflammation; there is no heat or redness of the parts; he has had little headache, and there is no constitutional disturbance.

In the treatment of this case, the eye should be kept at rest, and when the patient is recumbent, his head and shoulders should be raised. His diet should be light, farinaceous; should be bled to syncope, and his bowels should be kept soluble. Give him for that purpose, or as a purge, ten grains of calomel, and ten of compound powder of jalap, to be taken at evening. The absorbents must be called into requisition to carry away this accumulated mass, and hence small doses of mercury, carried to the point of ptyalism, may be given with a view to the sorbefacient effect.

November 6.

ANCHYLOSIS OF KNEE JOINT.

Henry M., 22 years of age; general health good; has anchylosis of left knee joint, the leg being nearly at a right angle with the femur, the result of an injury to the knee. Anchylosis may be complete or incomplete, ligamentous, fibrous, or osseous, and results sometimes from disease of surrounding parts, sometimes from affection of the joints themselves, and more frequently from serious injury, followed by inflammation. The changes which hence occur are the same as in the formation of bone or callus. Plastic matter, or lymph, is thrown out, which in a little time becomes organized, uniting the parts more or less firmly together. In this case the union is complete, the cartilage and synovial membrane are lost, a deposition of osseous or bony matter has taken place, uniting firmly both the bones of the leg and the patella.

In the treatment of affections which may result in anchylosis, proper care should be taken to prevent adhesions, and for this purpose the joint should be bent and extended with a gentle degree of force, with sufficient frequency and persistence to effect

the desired object. Passive motion should be made, but if anchylosis must be the result, the limb should not be allowed to assume any position the patient may choose, but that in which it will be most useful.

The method of operation which I shall adopt in this case will be the subcutaneous one, and essentially that performed by Dr. Brainard, of Chicago, in 1860. It consists in making a small incision through the skin, from a half to three-fourths of an inch in length, obliquely, arcoss the united joint, and introducing an instrument prepared for the purpose, passing it in different directions through the joint, with a view to destroy the union which has taken place. After these adhesions are sufficiently broken up, force will be used in flexing and extending the limb. The operation just named is a modification of that performed by Dr. Barton, in 1826, for anchylosis of the hip, which consisted of a free incision down to the bone, sawing out a V shaped piece, and employing frequent motion so as to establish a false joint. This was a hazardous operation. That proposed in this case is by no means so dangerous, and, with proper care to prevent the advent of inflammatory action, may be considered safe. Constitutional disturbance should be carefully guarded against, by regulating the diet, the administration of purgatives, and the exhibition of anodynes, if necessary to allay pain or procure rest.

The patient being placed under the influence of chloroform, the operation above suggested was performed. The adhesions were found to be exceedingly firm, but were finally overcome, and the limb nearly straightened. No constitutional disturbance occurred, and the case was reported from time to time as doing well.

Saturday, November 9, 1861.

CONGENITAL UMBILICAL HERNIA.

J. C., 10 years of age, from Bucks county, in this State, was presented for umbilical hernia. The tumor presents a conical, pedunculated appearance; subcutaneous veins somewhat enlarged; skin of a bluish cast, abraded in those portions where it comes in contact with the abdomen, giving it the appearance of a mucous surface. Does not enlarge after eating, nor does it become harder when costive; has a doughy feel, or that of a fatty mass, inelastic, flabby, somewhat unequal to the touch, which renders it safe to assume that its contents are omentum, and that the intestine is not included. It is irreducible. Attempts have been made to reduce it, but without success; the opening in the abdominal walls is small; the parts are incarcerated within the coverings of the tumor, which are as in all cases of hernia, skin, superficial fascia, peritoneal sac. This hernia is congenital, and had the proper attention been given to it, in the early stage of its appearance, might have been reduced, and radically cured. The remedies then required were a simple pad or truss, giving sufficient pressure to retain the omentum from protrusion. The remedy now required is excision, and yet, if excised, peritonitis might follow, but probably not; no fears need be entertained of it. The adhesions around the opening should not be broken up, but left so as to form a plug, which would fill the aperture. The palliative means are a suspensory bag, to prevent further dragging down.

RUPIA SYPHILITICA.

Mr. B., 45 years of age, laborer; has ulcers of nine years standing upon the upper portion of the fore arm, just below the elbow. They are oval in form, superficial, encrusted with cacoplastic or devitalized matter, exhibiting no appearance of healthy granulations. These ulcers are the result of a specific poison. Occasionally they heal up. A crust or scab forms over them, but the poison still works underneath, and breaks out again with more violence. Why they should attack one part of the body, and not another, cannot be determined; perhaps there is an electric affinity between such poison and some portions of the system, but this is conjecture. The prognosis in this case is favorable, especially inasmuch as this man has not probably taken mercury; had he taken it, his case would no doubt have been greatly aggravated, for, so far as my observation goes, the use of mercury serves to develop instead of arrest the disease; to disseminate it through the system, instead of eliminating it from it. The treatment to be pursued here is the administration of iodide of potash, (which I believe to be a specific in this disease, as much as quinine is a specific for intermittents,) in combination with bi-chloride of mercury, not given to complete ptyalism, but so as to affect the gums slightly. How this combination operates, whether by eliminating the poison from the system, or neutralizing its effects, I cannot say. Suffice it that the disease ordinarily yields to the treatment. His diet should be simple, plain, and he should refrain from using the arm in labor. If he needs purging, give him blue mass, with extract colocynth, q. s. As a local application to the ulcers, to promote healthy granulations, and to promote healing process, apply acid nitrate of mercury, diluted one to six.

PENNSYLVANIA HOSPITAL.

Nov. 6, 1861.

MEDICAL CLINIC.

Service of Dr. Gerhard.

ANASARCA.

This was the case of a man, fifty-three years of age; carpenter; temperate; calls himself healthy up to six weeks ago; then taken suddenly with dyspnœa; admitted to hospital Oct. 29; complexion dull, almost straw color in appearance; had œdema of feet three or four weeks before admission. This man has what is denominated anasarca, or dropsical effusion, which is not, in my view, a disease any more than the expectoration in pneumonia; it is a symptom, and only indicative of serious lesion of important organs of the body, heart, kidneys, liver,

it may be. In cases of this character, the capillary circulation is enfeebled; the pulse becomes irregularly regular, beating a few times in regular rhythm, then intermitting. This may be caused by disease of valves, but not always; some will go on through life with this irregularity, and in some cases of children, irregular rhythm of pulse will be exhibited, which will become normal on convalescence. Proceeding, then, to a more careful examination of the case before you, we find feeble impulsion of the heart, as indicated by the pulse; percussion over the præcordial region dull, arising, no doubt, partly from effusion into the pericardium; the heart is much hypertrophied, as shown by the extent of the dullness in percussion; upon auscultation we observe the sounds of the heart are feeble, irregular, and some of them slightly roughened; that is, there is a double bellows murmer at the mitral valves, in both contraction and dilatation. In the semi-lunar valves of aorta, the systolic sound is roughened. In the lungs the sonorous and mucous rhonchus are heard in both expiration and inspiration; percussion dull. The liver is enlarged, dipping down to two and a half inches beyond its normal situation; the left lobe is more obviously enlarged than the right; the alvine evacuations are pale, clay colored, which is another evidence of disease of this organ; this may not be permanent. The spleen is normal; the abdomen is dull on percussion over its whole extent, and we observe fluctuation. There is then in this case effusion into the pericardium and right plura, none in the left (for the plura is adherent upon that side,) and also a considerable quantity in the abdomen; there is also disease of the mitral and semilunar valves of the heart, with hypertrophy, while the liver is also hypertrophied.

The prognosis is unfavorable. The treatment should have reference to the dropsy, to the disease of the heart, and to the general health. For the first diuretics and purgatives, with mercurials. Give him:

Hyd. chlo. mit.,	gr. 1-12.	
Pulv. digitalis,	" j.	
Pulv. scillæ,	" ij.	M.

Three times a day.

For the latter, give:

Ext. cinchonæ fluid,	- fʒj.	
Pulv. ferri,	- gr. j.	M.

Three or four times a day.

His diet should be nourishing, and his bowels should be kept open.

—o—

It is recorded of the late Prof. Queket, that during the twenty-two years which he devoted to labors in the Museum of Lincoln's-inn-fields, he made over 16,000 microscopical preparations. He entirely created one department in the College of Surgeons, the Histological collection. His salary was never large, and he leaves his family in an unpleasant pecuniary position. An effort is made to have one-half of the salary he received during his life continued to his widow.

Medical Societies.

VERMONT MEDICAL SOCIETY.

This Society held its annual meeting in the State House, on the 16th and 17th ult. In absence of the President, the meeting was called to order by the Secretary, Dr. McCollom, of Woodstock, and Dr. Stiles, of Windsor, was appointed President, *pro tem.* The record of the semi-annual meeting having been read and approved, and a committee appointed to examine candidates for membership, the following gentlemen were elected members:—Drs. Charles S. Downs, Topsham; E. F. Upham, West Randolph; M. J. Hyde, Isle La Motte; C. F. Hawley, Fairfax; J. E. Macomber, Worcester; E. S. Blanchard, Hyde Park; G. W. Hunt, New Haven.

The officers elected for the ensuing year were:—A. T. Woodward, Brandon, *President;* H. S. Brown, St. Johnsbury, *Vice President;* Wm. McCollom, Woodstock, *Recording Secretary;* C. B. Chandler, Montpelier, *Corresponding Secretary;* Chas. Clark, Montpelier, *Treasurer;* H. F. Stevens, St. Albans, Joseph Perkins, Castleton, J. N. Stiles, Windsor, *Committee on Printing;* J. N. Stiles, Jos. Perkins, E. Hazen, *Business Committee;* J. N. Stiles, H. S. Brown, *Delegates to Castleton Medical College;* M. Love, Bennington, W. H. H. Richardson, Montpelier, *Delegates to Burlington Medical College.*

Drs. Morgan of Pownal, Chandler of St. Albans, and Richardson of Montpelier, were constituted a Committee to confer with the Executive in reference to the appointment of a Medical Board for the examination of candidates for the office of surgeon in volunteer regiments.

Instruments of new construction were exhibited by Dr. Bradford, of Northfield; also, by Dr. Branch, of St. Albans.

Dr. Keith presented a paper on Retention of the Placenta, which elicited much interesting discussion from Drs. Stevens, Woodward, Stiles, Bradford, and others.

Dr. Brush read a paper upon Diphtheria, and cases were reported by many of the members. Four or five hours were devoted to the discussion of this disease. Drs. Woodward, Marsh, Keith, Hazen, McCollom, Bradford, and others, participated. Drs. Woodward and Bradford strongly advocated the use of calomel in this disease, which doctrine was strenuously opposed by nearly every member present.

A Committee was appointed to investigate and report upon this subject at the next semi-annual meeting.

This meeting was one of unusual interest, the attendance greater than has been known for years, and a spirit of investigation exhibited and zeal awakened that will accompany members to their respective fields of practice, and result in much good to the communities upon which are bestowed the labors of this self-denying class of men.

The semi-annual meeting will be held in St. Albans, on Wednesday and Thursday following the commencement of the Medical Colleges, in June next.

EDITORIAL DEPARTMENT.

PERISCOPE.

Summary of Papers contained in the Transactions of the American Medical Association, Vol. 13th, 1860.

By O. C. Gibbs, M.D.
Of Frewsburg, N.Y.

This volume, containing the papers brought out by the *American Medical Association* in 1860, is one of magnitude, as to bulk, and one which we are in hopes to find rich in practical interest. It contains 930 pages, printed on good paper, with good type, with occasional illustrations, and, excepting an occasional typographical error, every way presenting a respectable appearance. The *American Medical Association* is the most influential body of associated physicians in this country, and its published transactions are worthy of study.

Following the minutes of the meeting, and the very able address of the retiring President, Henry Miller, is a *Report on the Medical Topography and Epidemics of the State of New York*, by Joseph M. Smith, M. D. This report is quite voluminous, containing very nearly *two hundred* pages. The geography, hydrography, geology, mineralogy, flora, fauna, meteorology, and ethnography, of the State of New York, are considered. As the design of our notice compasses subjects only which are immediately practical, and as our space will admit only of the introduction of such, we shall pass to and make a few remarks upon the subject of Epidemics.

Epidemics are divided—1st, into those which are contagious; 2d, those which are infectious; and 3d, those which are mateoratious.

The principal diseases in the first class are small-pox, measles, and scarlatina. Each of these diseases, he thinks it is unquestionable, arise occasionally spontaneously. He reports three cases of small-pox, supposed to be of this character, occurring in the State of New York, and reference is made to two other cases, one occurring in Pennsylvania, and the other in Illinois.

The geographical and geological relations of the epidemics of New York State are fully described. The extreme southwest portions of the State are omitted, upon which we shall make a few remarks. Chautauque county is bounded on the north by Lake Erie, and on the west and South by the State of Pennsylvania. Though the extreme north is quite level, the Lake Erie basin here presents but a narrow belt, and the elevation over rocky escarpments is quite abrupt to the elevated table lands, but eight or ten miles south. This elevation runs nearly parallel with the lake shore, and the central and southern portions of the country are rough and broken. The slope to the south is quite gradual. The elevation of Lake Erie is about 565 feet. Chautauque lake, which, in its northwestern extremity, reaches to within about twelve miles of Lake Erie, and situated upon table lands just referred to, is at least 730 feet higher, making an elevation of 1295 feet above the level of the sea. The elevation of the surrounding hills, whose waters contribute to form the beautiful lake, are, on an average, perhaps, 250 feet higher still. Hence it will be seen that the northern slope, from this elevation to Lake Erie, is so abrupt as to descend nearly a thousand feet, in some points, in the distance of eight or ten miles. The Chautauque Lake stretches away southeasterly for twenty miles, and its outlet, joining with other small streams that originate in elevated swamps farther east, empty into Allegheny river about twenty-two miles further south. At the extreme north the Devonian slate crops out upon the surface. Chautauque Lake has generally bold and dry borders, excepting near its southeastern extremity, where it presents a narrow border of low and swampy land. The foundation of this belt of rolling table land is Devonian sandstone and slate. On the elevations in the extreme south of the county we find the final northern outcroppings of the conglomerate rock. A few miles further south, and in the State of Pennsylvania, we reach the great coal basin, which stretches away southwesterly until it terminates in Tennessee. It is in this coal basin, or rather in the conglomerate rock that forms its basis, that recently rock oil (petroleum) has been found so abundantly. The outlet of the Chautauque Lake descends quite rapidly for a short distance, and then empties into the Conewango creek. This stream runs through a broad and rich valley, which, to a great extent, it annually overflows, until within about six or eight miles of its termination in the Allegheny river, where the hills crowd down on either hand, and terminate in high and steep bluffs. The broad valley above referred to shows conclusively that it was once the head of a lake connected with the Chautauque, at a little lower level. This lake is now drained, and this now dry lacustrian bed forms the remarkably rich and cultivatable lands of this locality.

The low and swampy lands immediately bordering the Conewango, and frequently overflowed by this stream, as well as the swampy origin of streams farther east, at first sight, it would be supposed, would be prolific in the development of miasmatic fevers, but such is not the case. Our field of practice, for the last five years, has been in the bed of this obsolete lake, and along the adjacent hills, and we never saw a case of intermittent fever that originated here. In the extreme north of the county, about the marshes of the shores of Lake Erie, malarial fevers are developed. Upon the elevated lands referred to above, our fevers are mostly of a continued type. Epidemics of this fever occasionally occur, also of diphtheria, erysipelas, dysentery, and influenza. Pneumonia is a common disease of the winter and spring, and occasionally seems to partake of the characters of an epidemic.

Returning now to the paper of Dr. Smith, from which we have made a digression, we make the following quotation in regard to periodical fevers:—

"In the survey which has now been made in the districts and localities in the State of New York, in which periodical fevers prevail, it will be observed that the topographical and meteorological condi-

tions in which they occur are, for the most part, the same as those in which they prevail in the more southern latitudes. It is, however, noticeable that the intermittents and remittents in this State are less disposed to assume a pernicious or congestive form, and what is no less noteworthy, the malaria does not so generally induce visceral enlargements, nor the sallow hue of the countenance and cachectic condition of the system so frequently observed in southern miasmatic countries. Individuals, however, who suffer from ague in this State, are not entirely exempt from these malarious affections. In the sketch we have given of the periodical fevers which are due to malaria, there would be a notable defect were we not to notice one of the more common and severer forms which those diseases sometimes assume. We refer to dysentery. Though frequently occurring in situations where malaria does not exist, it is usually prevalent in the summer and autumn in miasmatic localities, where intermittents and remittents are rife, and of which it may be justly regarded as a modification. These diseases, occurring contemporaneously in the same locality, and being convertible into one another, are manifestly produced by the same efficient or malarious cause. Now, the source from which fever, whether originating from malaria or any other cause, derives its dysenteric form, is manifestly a peculiar variety of atmospheric influence, or what we denominate *epidemic* meteoration, an influence which, varying in its properties in different years, varies the diathesis and phases of popular diseases." . . . . . "In concluding our researches concerning the periodical fevers of New York, we cannot forbear expressing the conviction, which has been strengthened at every advance made in surveying the malarious localities which so extensively checker the territory of the State, that very many of these might, by a right system of drainage, be brought into a condition incompatible with the generation of the endemic cause of fever. That such a change could be effected, to a great extent, under the direction of a State Sanitary Commission, and a corps of engineers provided with ample funds for the purpose; and that such an outlay would be more than repaid directly by the general improvement and security of the public health, and, indirectly, by adding to the vital force employed in enhancing the wealth of the State, there is no reasonable doubts."

Dr. Smith quotes Dr. Ludlow as saying: "If the waters of fresh marshes are largely combined with salt water, or *vice versa*, the general healthiness of the situation will be improved." Dr. Ludlow further says that "it is a singular fact, the boilers of salt are generally free from these (periodical) fevers," though the locality may be unhealthy. This would of course be expected, for it has been shown many times, on trial, that common salt is capable, when taken, of curing intermittent fevers.

Dr. Smith, though he does not remark upon the treatment of periodical fevers, incidentally quotes authorities showing that intermittent or remittent fever had occasionally occurred in the State of New York, as an epidemic, in such a form, that quinine was injurious, rather than beneficial, in the early stages, before the system was prepared for it. Such cases we have never seen, and confess to a scepticism in that regard. We think there may have been a mistake in diagnosis, or the trial of quinine may have been made at an inopportune time. Inflammatory fevers are occasionally mistaken for malarial, and, even in purely malarial cases, the administration of quinine has been delayed until the case has been complicated with local inflammations. We believe that quinine, in proper doses, well timed, and appropriately combined, if need be, with other medicines, to meet the requirements of the peculiarities of the case in hand, is competent to counteract the influences which produce malarial or miasmatic fevers. A genuine case of intermittent is easier, and better for the patient, cured on the first or second, than on the tenth or fifteenth day, the quinine, in the last instance, preceded by, however, much preparatory treatment. A remittent, if seen early, may be as promptly cured, premising only a bleeding before the curative means, (and we are not quite sure but even the bleeding may be omitted,) providing the quinine be given in about double the dose required in a simple ague, combined with morphine and veratrum in tolerable full doses.

Of *Yellow Fever*, Dr. Smith it is generally admitted "that the *materies morbi* of the disease is a specific malignant *koino-miasmatic* poison, and consequently that the disease, in its nature, is *sui generis*. This view of yellow fever is directly opposed to the once popular doctrine that the distemper was due to a contagious principle, generated within the living human body, and communicable from one individual to another." That the disease is not communicable from one to another by the strict laws of contagion, and that it can only be produced under a certain combination of circumstances having atmospheric and terrene dependencies, we have endeavared to show on a former occasion. (See the *North American Medico-Chirurgical Review*, for Jan., 1861.)

Typhus Fever Dr. Smith regards as an *idio-miasmatic* fever, produced by the inhalation of an *idio-miasmatic* poison. *Typhoid* he regards as a *secondary or modified typhus*. "In this view of the subject, it is seen that the several conditions of fever, induced by the introduction of idio-miasma into the blood by breathing, and by the poison spontaneously generated in the system in low fevers, are virtually identical. In like manner, it is seen that malignant puerperal fever, hospital erysipelas, and hospital gangrene, are modifications of typhus. These various forms of disease constitute a group of cognate affections, which are as nearly the same as are the affections which form the group of koino-miasmatic fevers, such as the various types of intermiitent and remittent fevers and dysentery."

Dr. Smith, as was advanced by Prof. Austin Flint several years ago, believes in the possibility of a mixed form of fever, partaking both of the nature of a periodical and continued fever. Such he calls *idio-koino-miasmatic, or compound fever*, and are produced by the combined influence of those causes which produce intermittent and typhus, or typhoid fevers, respectively.

The subjects of *iufluenza, pneumonia, typhoids*, and *diphtheria*, are respectively considered. In the last mentioned, he departs from the general rule of his paper and makes a few remarks upon treatment. We quote the following: "In regard to diphtheria it is sufficient to say that, considered as a zymatic

disease of an asthenic character complicated with a peculiar affection of the throat; the leading remedies are a nutritious diet, tonics and stimulants, as beef tea, sulphate of quinine, the liquid preparations of iron, and wine whey, &c., with chlorate of potassa, used as a gargle, and administered internally, and sometimes the application of hydrochloric acid, or a solution of nitrate of silver, or alum, to the diseased parts of the mucous membrane of the throat which are not covered by the pellicular exudation."

Cholera is next considered. Under some circumstances he regards it a contagious disease, but oftener produced by atmospheric and terrene conditions. "In this view of the modes in which cholera is diffused, we are led to regard the great majority of cases as immediately referable to the epidemic atmospheric influence, and also all the concomitant cases of choleraic diarrhœa and dysentery, and that a minority only springs from contagion." Had he said the disease was *never* propagated by contagion, we think he would have been nearer the truth. We believe certain causative conditions are necessary for the development of cholera, and without them it is as much impossible to develop this disease in its genuine form, as to develop an ague without an exposure to the peculiar conditions, which give rise to this last named disease. If a patient takes the cholera in a locality where this disease is prevailing, and is removed to a remote and healthy locality, he cannot, in this locality, become the focus and cause of new attacks." Dr. Smith's paper concludes with a few remarks upon *erysipelas;* containing nothing peculiar, we shall omit further mention.

Taken as a whole that paper contains many facts, but it is not as rich in practical influences as we had hoped to find it. It is made largely of extracts, and it is not always easy to arrive at the author's own opinions. The subject of treatment is almost entirely omitted, also the philosophy which governs, and the *real essence* of the causative elements, which produce this class of diseases are omitted. We are led to infer that we may expect from him another paper upon this subject, and in this continuance we shall expect to see the deficiencies supplied.

The next paper in order, is a *Report on the Medical Topography and Epidemics of North Crrolina,* by James H. Dickson. Mr. Dickson's paper differs materially from that of Dr. Smith ——, less full in the topographical, geological, and other terrene relations of epidemics, it is much fuller in practical experiences and therapeutical suggestions. We have not the space at command to give the treatment of the diseases respectively, in detail, but we shall endeavor to give the more important opinions of this character.

Fevers, of an *intermittent* and *remittent* type, are first considered. They prevail annually in various portions of the State—near the sea coast and along the valleys of its many rivers—the highlands are only exempt. A mild remittent Dr. Dickson would treat thus: He would commence by giving a cathartic at bedtime, composed of ten grains each of calomel and rhubarb. When the fever declines, which will usually take place a little past midnight, he gives from ten to twenty grains of quinine at once. By these means the bowels are moved in the morning, and the patient every way improved. Doses of five or six grains are now given every three or four hours, until the period of the next paroxysm is past. If there is much irritability of the stomach, opium or morphine is added to the quinine. We should have said that local pains and distress are relieved by local bleedings with cups or leeches. By these means he says he has *in a day* arrested many hundred cases of remittent fever. He repeats the mercurial alterative in smaller doses every night for two or three nights more, and follows in the morning with eight or ten grains of quinine, or twenty-five drops of oil of turpentine. We suppose he would continue the quinine, at intervals, for some time longer, though he does not say so.

We think he is unnecessarily flush with quinine.

In moderately severe cases, from ten to fifteen grains of quinine, properly qualified, if given three or four hours before the expected paroxysm will, in ninety-nine cases in a hundred, arrest the disease; and one dose of six or eight grains every morning for a week, and then once a week for six or eight weeks more, render the cure complete. Intermittents and remittents ordinarily occur in daily paroxysms, and the *specific* treatment is not required oftener, and then the dose should be given about four hours before the commencement of that paroxysm, and be large enough to supercede it.

In adynamic cases, Dr. Dickson speaks highly of turpentine. In such cases, he says, it is more suitable than quinine, and is better tolerated. It should be given every three or four hours, and in doses of from ten to twenty drops, and continued until it produces its peculiar intoxication or strangury.

In cases of great gravity, where the patient is liable to die in the first or second paroxysm, he administers quinine and capsicum by injection, and applies blisters to the epigastrium and along the spine. After reaction, the case is treated as if a simple one. He says, "I have never seen a chill or cold stage recur after forty grains of Farr's quinine has been retained."

Typhoid fever is next considered; it prevails in many portions of the State as an epidemic, and in some localities it has seemed to supercede the intermittent and remittent forms of disease. In regard to treatment, we are disposed to quote a few remarks which the author gives from Dr. Whitehead of that State. In a certain severe epidemic, Dr. Whitehead says: "the treatment at first adopted was in the first stage, minute doses of mercury, opium, and ipecac., with saline diaphoretics; quinine during the remissions, and Dover's powder at night to procure sleep. In the second and last stages, stimulants, spts. of turpentine, blisters, dry cups, acet. plumbi, and opium, to restrain the diarrhœa and hemorrhages, with suitable nourishment, &c. Of the first eight cases so treated, four died.

In consultation with the attending physicians, we determined to put the rest of the cases on the use of ten grains of chlorate of potassa, every four hours; small doses of laudanum to restrain the bowels, nourishing, but easily digested broth, milk toddy, and whenever hemorrhage or any signs of purpura appeared, as large doses of muriated tinc. of iron and ol. terebinth. as the stomach would tolerate. During the prevalence of the epidemic, chlo-

rate of potassa was the main remedy in every case. Other treatment was used only as auxiliary to this medicine. The drink was a cold infusion of slippery-elm with ice in the first stage; towards the decline of the disease, a warm decoction of the Virginia snake-root was substituted for it. The exact ratio of mortality I am unable to give, as I did not keep notes of the cases; but I am sure it did not exceed *one in forty*, after we adopted this treatment." He says, further, that after a large experience, he is perfectly convinced "that no *coup d'etat* of professional skill or dexterity can ever suddenly arrest the progress of the disease. And yet I doubt the propriety of considering typhoid fever a 'self-limiting' disease."

Dr. Kelly recommends very highly oil of turpentine, and he would commence with it early, and continue during the disease. "He is of opinion that so administered, it exerted a prophylactic power against intestinal hemorrhage." Prof. Bowling, of Tenn., has advocated this practice for several years. He regards turpentine a specific alterant, and even more important in the early stages as a *preventive* of bad conditions, than in the later stages as a *curative* of these conditions.

Dr. Hadley speaks highly of blood-letting! without it, he thinks intestinal hemorrhage is almost surely to occur, and death takes place in *three-fourths* of the cases. Should we find a case of fever, supposed to be typhoid, that was benefitted by blood-letting, we should doubt our own diagnosis—we should regard the case as a remittent fever, with too intense local congestion to permit of remissions.

Dr. Dixon speaks highly of quinine; "this invaluable medicine seems to have the power of, at the same time sustaining the tone of the nervous system, while it calms vascular excitement, and though it is not entitled to the character of a specific, it can rarely be dispensed with in the treatment of typhoid fever, at some stage of its progress." Veratrum viride is used but little in this disease in North Carolina.

As we wish to make each paper as practical as possible, we shall outline here our own treatment which does not differ materially from the above We usually commence early with turpentine in emulsion—preceding it with a laxative, if necessary, of rhubarb and hydrargyrum cum creta—the oil to be repeated every four hours. Chlorate of potash is given in tolerably full doses in connection with veratrum viride, if the pulse is much accelerated. This is usually commenced with early, and continued until the tongue is clean, and presents a good surface. Dover's powders are given at night to procure sleep, and often, in smaller doses, at regular intervals, during the day, in order to increase the perspiratory secretions. The Dover's powders are combined with quinine in tolerably full doses. If the stomach is sensative, opium or morphine is used instead of the Dover's powders. If the case presents in its progress great nervous prostration, which it is not likely to do if this treatment is commenced with early, strychnine is combined with quinine and small doses of opium, and administered at regular intervals. Easily digested nourishment is, from the first, administered at such time and in such amounts as will keep the system well supported. Milk punch, or egg-nog, after the first week, and often from the first is allowed in liberal quantities. Under such treatment, modified to meet individual cases, as to doses of medicine and amount of stimulation, we believe will save many cases, and reduce the mortality to about one in fifty. He who pursues rigidly the expectant plan of treatment, in so severe a disease as typhoid fever, we believe falls far short of doing his whole duty.

Scarlet Fever is next considered. He says that scarlet fever and measles have been known to prevail in that State, epidemically, at the same time, and frequently running their course together in the same patient. Last spring we treated two cases in which scarlet fever and measles were combined. Scarlet fever first made its appearance, and on about the second or third day of the rash the measles rash was developed.

In regard to treatment he has but little to say. "Upon the whole, the results of treatment were by no means satisfactory. If the dose of the poison received into the system happened to be greater than could be thrown off by the skin and mucous surfaces, it was almost as certainly fatal as the virus of the crotalus or that of the cabra di capello."

Though contrary to the doctrines taught, when we were a student, we think the treatment should not be unlike what is appropriate for typhoid fever or erysipelas. Quinine in full doses, with Dover's powders, and perhaps tannin; chlorate of potash, with veratrum viride, carbonate of ammonia, and egg-nog. As is recommended in some cases of erysipelas and diphtheria, muriate tincture of iron may be combined with the chlorate of potash. Though the skin may be hot, fever high, and pulse quick, these symptoms will all improve under the treatment suggested above, better than under bloodletting and the usual antiphlogistic treatment.

Cerebro-spinal meningitis is next considered. Dr. Dickson, as well as Dr. Smith, regards this disease but a modification of erysipelas. As to treatment Dr. Dickson says, "Active purgatives were my chief reliance." "After I had fully adopted this course and diligently and perseveringly carried it out, I had no reason to change the treatment, as it was entirely successful." Bloodletting he thought of but little or no service. From the resemblance of the disease to erysipelas, he thinks muriate tincture of iron might have been of service—from theoretical objections he did not try it.

In this disease we have had but little experience. Ten years ago we treated two very severe cases with the usual antiphlogistic treatment—one passed into the hands of a homœopathist and soon died; the other died also, but not until several days later. Called to treat such a case now, after a free purgative, quinine in full doses, Dover's powders, and strychnine would constitute the principal treatment.

Dysentery is the next epidemic referred to. Dr. Dickson does not, like Dr. Smith, believe the disease to be akin to periodical fevers. His prominent reason for objecting to this view, is that dysentery prevails in mountain regions where intermittent fevers do not, as well as in the valleys where the latter do occur. He might have added that, if dysentery was a malarious disease, having a common origin with ague, then quinine should be the most

prompt and successful of all known treatment, which is not the fact.

Dr. Dickson says, "This disease is, for the most part, amenable to treatment, and yields readily to a combination of laxative and anodyne medicines." *Alternation* is often better than *combination*. In some cases he has found large cases of ipecac, as recommended in the *London Lancet*, by E. S. Docker, to be of the first importance. The stomach is made to retain from *twenty* to *eighty* grains by giving a drachm of laudanum, and applying a sinapism over the stomach, half an hour before giving the ipecacuanha. We should suppose it difficult to tell whether the opium or ipecac. was the serviceable agent in these cases. We suppose the ipecac. acts as a cathartic in these doses, and whether the results are better than when the same amount of opium, with an efficient cathartic is given, is with us quite undetermined.

Passing the subjects of *cholera infantum*, *stomatitis*, and *jaundice*—which last has prevailed extensively in North Carolina—in regard to which we find nothing particularly worthy of record here, we come to the subject of *pneumonia*, which concludes our report.

This portion of Dr. Dickson's paper is quite valuable, but made up largely of extracts from other and previously published papers. In the treatment of simple pneumonia, he thinks blood-letting can be dispensed with in a great majority of cases. He believes the type of this disease has changed, and that blood-letting and antimony were not always injudicious. Even now he thinks, "when the inflammatory action is of a high grade, as indicated by a sharp, quick pulse, and great heat of skin, blood-letting, both general and local, will, I apprehend, still be found indispensable." In puerperal pneumonia he thinks the *verat virid.* of the first importance. That portion of his paper relating to *typhoid pneumonia* is copied entirely from the *Am. Jour. of Med. Sciences*, and from a paper from Dr. Bedford Brown. In such cases Dr. Brown regards stimulants to be of the first importance. He says he has often given a patient a quart of brandy a day, and that for days together. Of medicines, the following is a formula he much admires:

℞. Pil. hydrarg., gr. iij.
Quiniæ sulph., gr, iij.
P. Ipecac. et opii., gr. ij. M.

To be given every three hours.

He thinks it important that the patient be brought under the influence of mercurials; hence the blue pill is continued until this end is secured. We think he would find his patients to do *quite as well* on the *brandy* and *quinine*, without the constitutional effects of mercury.

Remarks upon *malarial pneumonia* are copied from a paper by Rev. Dr. O. F. Mason. The treatment of this form is in the main such as would be appropriate for an intermittent fever, with blisters to the chest, &c.

Taken as a whole, we regard Dr. Dickson's paper as one of much interest and practical value, and we have endeavored to give a *summary* of such matters as struck us as of being of the greatest practical interest.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 16, 1861.

The noble devotion of Florence Nightingale to the relief of the miseries of sick and wounded soldiers, has made her name a synonym for feminine heroism and philanthropy. The long and patient labors of Dorothea L. Dix among the condemned and outcast of society, and her intelligent and self-sacrificing conduct at this time in ministering to the comforts of sufferers in our military hospitals, have made her an example of womanly energy, guided by the gentlest sympathies of humanity. These noble examples are valuable to the sex as precedents. There are in this country thousands of humane women whose hearts yearn for opportunity to labor at philanthropic work, and yet whose retiring inclinations and modest sensitiveness prevent them from openly assuming any duties which might render them publicly conspicuous. To the essentials of human sympathy, and honest devotion to the cause of public philanthropy, must be added a real heroism that shrinks not from attacks of malignancy or jealousy which might misunderstand or misrepresent.

The above bright examples we have said are valuable as precedents, and seem to have led in a way of goodness in which many will delight to follow. The sphere of woman's usefulness has, by woman, been enlarged. She has brought with her from the retirement of the home circle, and from the close-veiled sick room of the household, her sympathies, her gentleness and pains-taking unselfish devotion, and given all freely where has heretofore been the most forlorn and hope-forsaken abode of human suffering. Her gentle spirit now brightens what would be otherwise the gloomy wards of the rudely constructed, and often hastily filled and badly provided military hospital. Her hand lies on the soldier's fevered brow, and, if convalescent, first supports his feeble frame,—or, it may be, smooths his dying pillow and wipes the death-damp from his pallid face. For such attentions could a good woman be substituted? Would or could the hireling,

who busies himself as the official military nurse, take the place of the soldier's distant wife, mother, or sister, to whose care he has been accustomed, and to whose kind attentions his patriotic devotion and suffering more than ever entitle him? Could he give the sympathy which human nature, rendered sensitive by sickness, requires? Would he keep the sleepless vigils which are often essential to a patient's safety, or would his presence encourage cheerfulness and hopefulness? Would he think to bend his ear to catch the dying whisper, and care to bear the parting words to saddened hearts at home? Could there be a better moral example for the wayward, or could the consolations of the hope in the hereafter be better impressed than by a chaste and devoted woman?

The peculiar fitness of woman for many duties of philanthrophy has not been properly appreciated. The same kind of good services which have been so nobly rendered in miltary hospitals might find abundant field for its exercise among those mentally and physically suffering in our civil hospitals. We have in our midst great hospitals, in which the patients, although really well supplied with what are called comforts—the essentials to an existence—are yet often sadly in want of those attentions and amenities which in sickness the most insensate must crave. A familiarity with a very large hospital has frequently illustrated to us the real lonesomeness of hospital life. The patients are properly fed, clothed, and medically attended, and a formal order is preserved in the wards which makes them, to the casual visitor, look cheerful and attractive, but to the patient everything is monotony. His vision is over but a scope of unadorned white walls and bare floors, and can rest only on his fellow-sufferers.

A hospital is necessarily a secluded place. It is the home of the sick, and should not be overrun by visitors from curiosity, but an extreme of seclusion and exclusion is maintained in our local hospitals. It is true that the patient's friends may, under proper restrictions, be admitted, but what is the case with those who have no friends?—and are not a vast number of the hospital inmates in this country so situated?

It is for the benefit of this forsaken class that we would now appeal. There exists in London a "Visiting Society," composed of ladies, who devote their humane attentions to the mental and physical comforts of the inmates of eleemosynary institutions, particularly to those whose condition would often be much alleviated by articles not supplied in hospitals, or who are without friends to sympathize with their afflictions, or to offer them such consolation as only is acceptable to those from whom hope, as to the affairs of this life, has departed. We cannot think of the subject without bringing up a vision of wan, sad faces, and pale attenuated hands, for a long time familiar in a crowded hospital.

We would suggest to benevolent ladies the formation of a society for the object of visiting the friendless sick in public institutions. By organizing in a body, for the purpose, a system could be given to such charity, and make it comprehensive and efficient. To the truly humane the duty would not be repulsive. The associations connected with such missions would not always be refined, but the sick are sensitive and impressible, and sickness is a great subduer and moralizer.

We intended to have directed earnest attention to a particular class of neglected objects of humanity, and will, at a future time, again recur to the subject.

EDITORIAL NOTES AND COMMENTS.

Subterranean Stoves for Warming Tents.—The Editor of the *Boston Medical and Surgical Journal* speaks thus of the practical operation of this new method of making the tents comfortable. The arrangement, it seems, is one which has long been in use in California, where it is known as the "California stove." He says:

"We found the heat generated by this simple contrivance to be of the most genial character. The dampness of the soil undoubtedly tempered it, so that it was remarkably soft and agreeable. We can hardly say too much in favor of this invention, which may be the means of saving many valuable lives. For drying the wet shoes and clothing of the men, or for mak-

ing tea, it answers an admirable purpose. By it the temperature can be raised to any desired point, and the men can be made as comfortable in the field as in barracks; at the same time the most thorough ventilation is secured by means of oval openings at the top of the tents, through which a current must constantly set, by means of the hot air below. A military officer of high rank made an objection to them, that he thought they would make the men tender and more susceptible to the inclemency of the outside weather. But in this he certainly is mistaken. The idea has long been exploded, that in order to toughen men you must try their powers of vitality to the utmost. It is true that the survivors of such a process are likely to be tough, but it is only because their capacity of endurance was enough to carry them through the trial which was fatal to the weaker subjects, who might have been saved by a less severe ordeal. The point is to make the men more comfortable in their tents; if this can be gained by this simple and cheap method, blankets are of comparatively little consequence. We noticed that a thorough draught was secured for the exit flue of the California stove, by the simple device of placing two headless barrels, one above the other, over the outer opening, and banking up the lower one with earth, so as to form an excellent chimney. We observed, also, that at the outer extremity of the air flue a hole was sunk to a sufficient depth below it, so that no rain could possibly get access to the fire."

Medical Students.—From the best means of information we have at hand, we gather that the attendance at the Medical Schools in New York and Philadelphia is as follows: University Medical College about 200; College of Physicians about 125; Bellevue Medical College New York, 60; in all, less than four hundred. In Philadelphia, Jefferson Medical College about 250; University of Pennsylvania about 275; in all over five hundred. The facilities for instruction in all the departments of medical science are undoubtedly excellent in New York. The preponderance, however, of Students in the Schools of Philadelphia, would indicate that this city still maintains its ancient superiority in this respect. A referencc to our Medical Directory will give the Student an idea of the hospital arrangements for teaching.

Dr. Marion Sims in Paris.—The Paris correspondent of the *Lancet* says that "Dr. Sims, an American Surgeon of note, and remarkable for his skill in operating for vesico-vaginal fistula, is at present in Paris, and a friend who saw him *à l'œuvre* yesterday, tells me that his dexterity is surprising. The operation in question was attended by MM. Ricord, Velpeau, Nélaton, and Jobert, all of whom were in admiration."

Arsenic Smoking in Asthma.—A correspondent gives us his experience in the use of this remedy, in two cases which came under his observation. The persons had been afflicted with spasmodic asthma over twenty years, and the attack would last five or six days, during which time they could neither lie down nor sleep. His method of administration is as follows: Fill a small pipe half full of tobacco, then add a quarter grain of arsenious acid, and cover it with tobacco enough to fill the pipe full, smoke it, and inhale the smoke. This will cause a tickling sensation in the bronchial tubes, which will be followed by expectoration and relief. In both the cases it was given in the middle of the attack, and each smoked a quarter of a grain each day for six days. No unpleasant effects followed, and neither of them have been troubled since. The success of the remedy in these cases, certainly commends it as worthy of trial, and if it shall prove as beneficial in other cases as in these, the Chinese, with whom the remedy originated, will certainly be entitled to the gratitude of all afflicted with the disease.

Government Hospitals in Philadelphia.—The first site fixed upon by the General Government for the location of a Military Hospital in this City, meets a decided remonstrance on the part of the Board of Health against it, on the ground that it is "totally unfit for that purpose both in site and plan." The location is Water st., above Arch, "in close proximity to the filthy docks of the river, defective in ventilation as well as in other sanitary provisions." The Board do not intend to interfere with the arrangements of the Government for the accommodation, welfare and comfort of the sick and wounded soldier in this city, but desire that hospital sites shall be selected in the more healthy and sparsely settled suburbs of the city, where the sick may enjoy the benefit of pure and healthy atmosphere, and not endanger the lives and the health of the surrounding population. In

taking this action, the Board of Health have evinced a proper regard for the sanitary interests of the city. The great wonder is that any considerations should have induced the Government to select a locality so eminently unfit in every way for a hospital, as the one mentioned above. We trust they will abandon it at once.

Correspondence.

BOSTON CORRESPONDENCE.

Meeting of the Obstetric Society—Of the Society for Medical Observation—Paper on Pelvic Cellulitis.

Boston, Nov. 7th, 1861.

Seldom have we had so severe a storm as has just passed over us. In the lower part of the city, near the wharves, the flood came in over all barriers, drowning out the cellars and covering the streets with the debris left by the receding tide. Numerous wrecks strew the beaches in our neighborhood, and though but short in duration, the violence of the gale will long be remembered.

Our Obstetric Society held a meeting on Saturday evening last. Many subjects of interest were discussed, and numerous cases reported. Growing out of a reported case of puerperal convulsions, quite a general discussion of the relative value of various modes of treatment arose. The point, to which I alluded in my last letter, as having been suggested by Dr. J. Bigelow, that there were two kinds of convulsions, was noticed, and the opinion very freely expressed that in the hysterical forms the patients would get well at any rate, while in the true epileptiform of puerperal attacks, it was necessary to vary our remedies, according to the symptoms and peculiar characteristics of each case. Dr. Channing, the President, thought that in certain cases bleeding had been of signal service, particularly in those cases where there was uneasiness or oppression at the pit of the stomach. This was the elder Ramsbotham's treatment, and his own (Dr. C.) experience had been in favor of this. The experience of most of the members present coincided with Dr. C.

Dr. J. Homans remarked, that without placing too much reliance upon bleeding, he had no doubt that bleeding to a moderate amount, under proper conditions, was a valuable item of treatment, and one which had been too entirely laid aside by the generality of the profession in this part of the country. It prevented effusion and expedited labor. Several miscellaneous cases were read by the President, and numerous cases of placenta praevia by Dr. Read, the Secretary of the Society.

The records of the Society show that during the past year a great number of cases relating to obstetric matters, and very much that is truly valuable have been put in a permanent form, and it is a source of congratulation that the first year, usually so trying, has passed off so well.

The last week's bill of mortality has just been published. Its total is 65—males, 33; females, 32. Consumption claims the largest number, 14. The others are divided among twenty-eight varieties. Not a case of typhoid fever among the whole. If any city can show a better record I am mistaken.

At the meeting of the Society for Medical Observation, Dr. Shattuck read a very interesting paper upon Pelvic Cellulitis, illustrated by cases, which elicited considerable discussion. Perhaps you may not know the object of this Society, which I believe is unlike any other in this country. Its members are required, in their turn, to read a paper upon a medical subject, before the Society. It is the privilege of each member present to criticize this paper as thoroughly as he is able or pleases to do, and by this method the diagnosis and treatment of the reader, for the facts and cases upon which the paper is based, must have been observed at the bedside by the reader, get pretty thoroughly discussed.

The course of lectures at the Medical College commenced on Wednesday, Nov. 6th. The introductory lecture was delivered by Prof. O. W. Holmes, and from beginning to end held the audience in close attention. In a lecture of this kind no particular discussion was expected or desired, and the Professor took occasion to glance over the whole field of medical culture. Chemistry, physiology, and anatomy, with their mutual relations, formed the principal topics. To those who have heard the terse and sparkling sentences of the Professor, I need not say that the occasion was one of most agreeable and delightful pleasure. He closed with an eloquent outburst of patriotism, which brought down the house in thundering applause, and finished by reciting a short poem, which was originally written for the Anniversary Dinner or our State Medical Society, but which, in the present juncture of affairs, was most appropos. It title is "The Two Armies."

The number of students, I am informed, is larger than usual, and the lecture season opens under the best auspices.

TRIMOUNT.

NEW YORK CORRESPONDENCE.

"One science only can one genius fit,
So vast is art, so narrow human wit."

MESSRS. EDITORS:—The Academy of Medicine woke up last Wednesday evening, and exhibited stirring qualities, which, if oftener employed for specific purposes, would bring about speedy reformation, and gain for it a better

name than that of "political star-chamber," (swill-milk do-nothing association)—Green versus Mott and Whitney, verjuice asylum, and non-ventilating lecture-room. Now, however, the late discussion relative to Dr. Parigot's learned and astute paper on moral insanity, so full of sound philosophy, interested the most skeptical, and influenced the least prejudiced. The sum of the functions, as exhibited on that controversial occasion, was simply this: Dr. Parigot maintained that it were better to permit ten feigned maniacs to escape justice, than, as has been done, destroy by violence—hanging or otherwise—the life of a really insane man who has been convicted of murder.

Dr. Stevens, with a zeal worthy of a more charitable view, argued that if persons became insane from their own self-abuse, and indulgence in unlawful passions, and *then* committed crimes, they should be hung, and so forth, as "any other man." This is hardly comfortable! Desultory remarks were made by several gentlemen to the point, and with effect. But the coup-detat was a spirito-metaphysico-pathologico-medico-idio theory, uttered with vehemence, and most eloquently enunciated by ex-Judge Edmonds, to the purpose of stating that physical signs are, at times, absent from the insane man.

The Judge's definition of a sane man was excellently correct and eminently truthful, and it was only by defining insanity as cold is determined; that is, cold is the absence of heat, and insanity is the *absence* of certain sane characteristics. All this we enjoyed and admitted; but when the fascinating speaker declared, with emphatic earnestness, that *he*—ipse-autotatas—has cured many victims (of singular derangements) by the "laying on of hands," we must confess that we "did not exactly see it in that light." It was delicious, though, to hear Dr. Parigot try to talk law; and equally pleasing to drink in the medical aphorisms of Judge Edmonds.

Dr. Sims, the successful founder of the Woman's Hospital, N. Y., is now in Europe, receiving the attentions of many savans. He was one of the very few whom Lady Franklin invited to visit her, when abroad. Lady Franklin presented Dr. Sims with $50 for his Institution, on account of the interest taken in it by the late Dr. Francis. May Dr. Sims return soon, and go on.

Dr. Sims has been called upon by a duchess, countess, or lady of great rank, to relieve her from the sad perplexity of no longer bearing children. The learned operator is now treating her, and with the most promising results. Some of the medical and surgical worthies of London have offered him a hospital for his specialty. Should our practicing and efficient brethren succeed in merging the Woman's Hospital into St. Luke's, &c., the Doctor woald be justified in living abroad, and this ungrateful community served right in losing the conscientious talent of an excellent man.

Dr. Eustace Trenor, of this city, has been most successful in the cure of a very bad case of retro-flexion of the uterus, by the judicious use of a double S pessary. The doctor is an able man, and we hope ere long to record for your benefit, an original improvement, on his part, in regard to chronic troubles, not at present to be placed before the public.

Gourmet.

NEWS AND MISCELLANY.

Dr. H. W. Green, the Surgeon of the Seventh Pennsylvania Regiment, writing from Camp Pierpont, states that the men are generally very healthy. They have some little intermittent fever and rheumatism among them, but no more than they would have if they were at home. The Seventh is encamped on comparatively high ground, and the Eleventh are on the left, on higher ground. The fact is, they are almost on the summit of a hill, the ground sloping in every direction, giving them the advantage of perfect drainage. The sites for the encampments of the Pennsylvania Reserves are judiciously selected, particularly so far as regards the health of the men.

A New Remedy for Scarlatinal Dropsy.—Dr. J. Taylor, in the *Lancet*, gives the prescription which he has used, with more than ordinary success, in cases of dropsy succeeding scarlatina, and in albuminuria. For a child six years old he gives:

Benzoate of ammonia,	grs. v.
Spirit of nitrous ether,	gtt. xv.
Syrup of tolu,	ʒj.
Camphor mixture,	ʒj. M

To be taken three times a day. This, with a purge of jalap powder, has answered admirably, the urine becoming free from albumen in a much shorter time than usual, and the patient's strength being afterwards recruited by the ammonio-citrate of iron.

Dr. Benjamin R. Fitch, of Vermont, was murdered by the Mexicans, at Sentinon, on the 12th of August. He was a practicing physician at San Francisco, California, for some years, but left there not long ago for Mexico.

The Hartford (Con.) Hospital, under the care of Dr. Hawley, has gone into operation, although only about one-quarter of the building originally planned is yet constructed. There are now 19 males and 11 females under treatment. Eight of the males were soldiers in the Connecticut regiments. Fifty can be accommodated in the building. Funds are needed, as we learn by a Hartford paper, for the completion of the building, and it is hoped that the wealthy men of that city will not long allow this to be said.

At a meeting of the Buffalo Medical and Surgical Association, Professor Rochester reported 137 cases of re-vaccination. More than half the individuals, he stated. were found susceptible of the disease.

Prof. Stephen Smith, of Bellevue Hospital Medical College, New York, is preparing a work on Medical Jurisprudence in its application to the Practice of Medicine, Surgery, and Midwifery in the United States, and solicits information from members of the profession, in regard to trials for alleged mal-practice, including the notes and charge of the presiding judge in such suits, or the notes of the legal gentlemen engaged.

The ladies who compose the Board of Managers of the Cincinnati Orphan Asylum have elected a homœopathist to the medical department.

The Rapidity of Growth in Fungi.—Mr. Ward, in his work "On the Growth of Plants in Closely-Glazed Cases," says of it:—"I had been struck with the published accounts of the extraordinary growth of the *phallus impudicus*. I therefore procured three or four specimens in an undeveloped state, and placed them in a small glazed case. All but one grew during my temporary absence from home. I was determined not to lose sight of the last specimen; and observing one evening that there was a small rent in the volva, indicating the approaching development of the plant, I watched it all night, and at 8 o'clock in the morning the summit of the pileus began to push through the jelly-like matter with which it was surrounded. In the course of twenty-five minutes it shot up three inches, and attained its full elevation of four inches in one hour and a-half. Marvellous are the accounts of the rapid growth of cells in the fungi; but in the above instance it cannot for a moment be imagined that there was any increase in the number of cells, but merely an elongation of the erectile tissue of the plant." The force developed by this rapid growth and increase of the cells of fungi is truly astonishing. M. Bulliard relates that on placing a fungus within a glass vessel the plant expanded so rapidly that it shivered the glass to pieces with an explosive detonation as loud as that of a pistol; while Dr. Carpenter, in his "Elements of Physiology," mentions that "in the neighborhood of Basingstoke a paving-stone, measuring 21 inches square, and weighing 83 lbs., was completely raised an inch and a-half out of its bed by a mass of toadstools of from six to seven inches in diameter, nearly the whole pavement of the town being heaved up by the same cause" Every one has heard of the portentous growth of the fungi in a gentleman's cellar, produced by the decomposing contents of a wine cask, which, being too sweet for immediate use, was allowed to stand unmolested for several years. The door in this case was blocked up and barricaded by the monstrous growth, and when forcible entrance was obtained, the whole cellar was found completely filled, the cask which had caused the vegetable revel, drained of its contents, being triumphantly elevated to the roof, as it were upon the shoulders of the bacchanalian fungi.—*Macmillan's Footnotes from the Page of Nature.*

☞ A few weeks since, we received a letter enclosing four dollars, to which there was neither signature nor name of town. The letter was post-marked Troy, N. Y. We presume it to be from a subscriber to the REPORTER, and he, perhaps, is wondering why no acknowledgment is made of his remittance under "communications received." Should his eye rest upon this paragraph, he will at once learn the reason, and also a lesson which should never be forgotten by any one in writing letters, viz: Write plainly the name of your *town, county,* and *State*, and *be sure to affix your signature to your letter.*

Mal-practice Suit.—In the case of Farrell vs. Caldwell, recently tried in the Superior Court of Ohio, before Judge McAlister, a verdict has just been rendered against the defendant, and the damages fixed at ten thousand dollars. The defendant was Dr. F. A. Caldwell, a notorious oculist and aurist of that city, who undertook "to remove an imperfection of the left eye, a scar caused by small pox," of a domestic in one of the hotels. She paid him $30, the sum he demanded in advance, for the operation. The result was the loss of the left eye entirely, and the destruction of sight in the other, by the introduction of certain inflammatory drops into it. The Cincinnati *Lancet and Observer*, from which we gather the foregoing, says, the defendant moved for a new trial.

Sickness and Mortality in the French Army in the Crimean War.—Dr. G. Scrive, Surgeon General of the French army in the Crimea, in his final report, said that the Crimean war lasted, without any intermission, summer and winter, for twenty-four months. The total number of French troops sent to the East at different times amounted to 309,268 men, of whom 200,000 entered the ambulances and hospitals to receive medical aid—50,000 for wounds, and 150,000 for diseases of various kinds. The total mortality was 69,229, or 22¼ per cent. Of these, 16,325 died of wounds, and nearly 53,000 from diseases—more than three times as many by diseases as from wounds. Of ordinary wounds, 2,185; gunshot wounds, 22,891; frost-bitten, 3,472; typhus fever, 3,840; cholera, 8,196; scurvy, 17,576; feverish, 63,124; venereal, 241; itch, 124. The mortality from scurvy was fearful, also from frost bites.

At the twelve Metropolitan Schools in London, 1,116 students have registered themselves as pursuing their studies. Last year there were 1,228, showing a decrease of 112. The number of new entries is 344 against 483 last year, a decrease of 139.

MARRIED.

Purdy—Stout.—In New York, on Monday, Nov. 11, at St. Paul's Church, by Rev. J. B. Hagany, D.D., Alfred E. M. Purdy, M. D., to Annie F., daughter of A. V. Stout, Esq., all of that city.

Morton—Kirkbride.—On the 12th instant, by the Hon. Alexander Henry, Mayor, Thomas George Morton, M.D., to Annie J., daughter of Dr. Thomas S. Kirkbride, all of this city.

Johnson—Godshalk.—On the 7th instant, at Trappe, Montgomery county, Pa., by Rev. George Sill. B. K. Johnson, M.D., with Miss Rosalinda Godshalk, daughter of J. C. Godshalk, Esq., of Kulpsville.

Horwitz—Gross.—On the 7th instant, Orville Horwitz, of Baltimore, to Maria Rives, daughter of Dr. S. D. Gross, of Philadelphia.

Strickler—Halbert.—Nov. 5th, by the Rev. C. P. Wing, D. D., Dr Melchoir Strickler, of Hampton, Adams county, Pa., to Miss Annie C. Halbert, daughter of John Halbert, Esq, of Carlisle.

Linquist—Taylor.—In New York, on Thursday, Nov. 7, by Rev. Dr. Burchard, of the Presbyterian Church, Thirteenth st., Maurice F. Linquist, M.D., to Miss Josephine Taylor, youngest daughter of Isaac Taylor, Esq., both of that city.

Clarke——Gray.—At Bristol, R. I., Dr. Augustus P. Clarke, Assistant Surgeon in the Harris Brigade Cavalry, U. S., to Miss Mary H. Gray, of Bristol.

Cox—Choate.—At Hamilton, Ill., W. M. Cox, M.D., of Savannah, Iowa, to Eleanor M., daughter of Dr. Charles Choate.

Draper—Kinnicutt.—In Worcester, Mass., Oct. 15th, Dr. Wm. H. Draper, of Philadelphia, to Miss Elizabeth Waldo Kinnicutt, of the former place.

DIED.

Huntington.—At Toronto, Canada, on the 8th instant, Mrs. Anna M. Huntington, wife of Dr. David L. Huntington, of this city, and daughter of William H. Allen, President of Girard College.

Field.—Suddenly, on Saturday, 13th September, 1861, at Easton, Pennsylvania, of disease of the heart, Edmunds Horner Field, son of C. C. Field, M.D., in the 17th year of his age.

Bauer.—In New York, on Monday morning, Nov. 11, Oriella Eugenia, youngest daughter of Martha F. and William J. Bauer, M.D., aged 4 years, 8 months and 3 days.

Everett.—At Boston, Nov. 5, at the residence of his father, the Hon. Edward Everett, Edward Brooks Everett, M.D., aged 31 years.

Smith.—In New York, on Saturday, Nov. 9, Charles V. N., eldest son of Dr. D. and Sarah Ann Smith, aged 23 years and 2 months.

Post.—In Warrensburgh, Warren county, N. Y., on Tuesday, Nov. 12, of diphtheria, Rev. Henry Albertson Post, eldest son of Dr. Alfred C. Post, of New York, in the 27th year of his age.

Parker.—At Shrewsbury, 24th ult., Dr. Amos Parker, of Bolton, aged 84.

Miller.—In Lancaster, Pa., Dr. John Miller, in the 69th year of his age.

Communications Received

Connecticut—Dr. A. W. Coates, with encl. *Illinois*—Dr. J. V. Guitra, Dr. C. A. Paul, Dr. J. R. Kay. *Indiana*—Dr. S. F. Myers, with encl. *Iowa.*—Dr. Wm. F. Potter, with encl.; Dr. A. C. Taylor. *Maryland.*—Dr J. Sappington, with enclosure. *Maine* — Dr. A. F. Page, with enclosure. *Massachusetts* — Dr. F. R. C. Kittredge, M. A. Harris, with enclosure. Dr. M. Fuller, Dr. F. Jewett, Dr. H. F. Perry. *Michigan.*—Dr. J. Vaughan. *New Jersey*—Dr. George Haines, with encl.; John Vought, do; J. Hulme. *New York.*—Drs. T. G. Read, with encl.; R. Hernstreet, do; Dr. John Shrady, Dr. J. W. Cobb, Dr. A Van Antwerp, Dr. L. Elwood; Dr. W. M. Fleming, with encl.; Dr. G. D. Slocum; Drs. H. C. Jones, E. Arnold, M. Reinfelder, H. C. Todd, J. H. Pooley, H. N. Fisher, E. R. Johnson, A. K. Hoffman, T. Snowden, H. W. Bell, P. Stewart, C. C. Knight, P. C. Barker, Pratt & Matson, A. B. Dewit, T. S. Dawes, J. S. Philip, W. W. Wetmore, with encl., and six numbers sent to each; Dr. R. Ormiston, W. A. Townsend, Dr. C. P. Smith, Dr. A. B. Vaughn. *Ohio.*—Drs. E. L. Plympten, with encl.; James Baggs, do; A. E. Wigton, do; Dr. J. Dickinson; Dr. H. L. Cheyney, Dr. W. M. Lyon. *Pennsylvania*—Dr. R. H. Muth; Drs. Wm. B. Hull, with encl.; F. B. Martin, do; N. S. Marshall, do; Dr. John Foote, Dr. H. W. Marbourg; Drs. T. S. Gardner, with encl.; B. K. Johnson, do. *Rhode Island*—Dr John Tripp, Dr. M. Fifield. *Vermont.*—Dr. J. H. Talbot, R. L. Flagg, with encl. *Virginia*—Dr. R. S. Seis, Dr. J. C. Spear, with encl.

Office Payments. — Drs. Sproul, Bean, McBride, Helfrich, Housekeeper, Asay, Fussell, Todd, Homer, White, Morris, Roberts.

VITAL STATISTICS.

Of Philadelphia, for the week ending Nov. 9, 1861:

Deaths—Males, 93; females, 105; boys, 51; girls, 58—Total, 198. Adults, 89; children, 109. Under two years of age, 61. Natives, 149; Foreign, 37. People of color, 6.

Among the causes of death we notice—Apoplexy, 0; convulsions, 6; croup, 2; cholera infantum, 1; cholera morbus, 0; consumption, 26; diphtheria, 7; diarrhœa and dysentery, 9; dropsy of head, 0; debility, 9; scarlet fever, 18; typhus and typhoid fever, 7; inflammation of brain, 4; of bowels, 5; of lungs, 13; bronchitis, 1; congestion of brain, 5; of lungs, 1; erysipelas, 0; whooping cough, 0; marasmus, 6; small pox, 6.

For week ending November 10, 1860.....189
" " " 9, 1861.....198

Of Boston, for the week ending Nov. 2, 1861:

Deaths—Males 33; females, 32. Total, 65. Under five years of age, 29. Natives, 44; Foreign, 14.

Among the causes of death we notice—Phthisis, 14; cholera infantum, 1; croup, 1; scarlet fever, 2; pneumonia, 2; variola, 0; dysentery 1; typhus fever, 0; diphtheria, 1.

Of Brooklyn, for the week ending, Nov. 9, 1861:

Deaths—Males, 61; females, 42; boys, 49; girls, 24. Total 103. Adults, 30; children, 73. Under five years of age, 64, Natives, 84.

Among the causes of death we notice—Consumption, 15; convulsions, 9; cholera infantum, 4; diphtheria, 4; scarlet fever, 7; typhoid fever, 3; croup, 2; diarrhœa, 2.

Medical Directory.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth street.

Medical Clinic on Wednesday's and Saturday's, at 10 A. M., by Dr Gerhard.

Surgical do., at 11 A. M., by Dr. Geo. W. Norris.

Medical Library of the Pennsylvania Hospital—Open on Wednesdays and Saturdays.

Philadelphia Hospital.—Medical Clinic on Wednesdays and Saturdays, at 9½ A M., by Dr. J. L. Ludlow.

Surgical Clinic on Wednesdays and Saturdays, at 10½ A. M., by Dr. D. H. Agnew.

Wills Hospital for the Eye and Limb.—Clinics, Monday and Friday at 12 M., by T. G. Morton, M.D.

Howard Hospital, Lombard street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P. M. Monday and Thursday—Dr. Turnbull, at 1 P. M. Tuesday and Friday—Dr. Darrach, at 12 M.: Dr. Klapp, at 5 P. M. Wednesday and Saturday—Dr. Neff, at 12: Dr. Judson, at 1, and Dr. Morehouse, at 5 P. M. Monday and Thursday—Dr. Meigs, at 5 P. M. Tuesday and Friday—Dr. Atkinson, at half-past 3 P. M.

Philadelphia Lying-in Charity.—Clinics on Wednesdays and Saturdays, at 9 A.M., by Dr. A. H. Smith.

Jefferson Medical College, Tenth, above Walnut.

Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.

Surgical do., at 1 P. M., by Dr. S. D. Gross.

University of Pennsylvania, Ninth, below Market.

Surgical Clinic on Wednesday's and Saturday's, at 1 P. M., by Prof. Smith.

Dispensary Service every afternoon at 3 P. M., by Drs. Dunton and Hodge.

Pennsylvania College of Dental Surgery, 528 Arch Street—Clinical Lectures, daily, (except Sunday,) from 2 to 4 P. M., by Dr. Goodwillie.